

URBAN/MUNICIPAL

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R.A.P.P.O.R.T.
REPORT AND
PROJECTS/PRESENTATIONS ON
RESEARCH TOPICS

R.A.P.P.O.R.T.*Report And Projects/Presentations on Research Topics*

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GOVERNMENT DOCUMENTS

EDITORS COMMENTS

This issue of RAPPORT contains diverse research interests.

The "In The News" item summarizes the recent rise in media coverage of breast cancer and use of mammograms as a screening tool. We invite our readers to respond to this controversial health issue. We will summarize and print readers' comments in the next issue of RAPPORT.

Elena & Cathy

EDITORS

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HAMILTON-WENTWORTH DEPARTMENT OF PUBLIC HEALTH SERVICES

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GOV
PER

APPOINTMENTS

Fran Scott has been appointed as a United Way Board member.

Mary O'Brien, Public Health Nutritionist, has been selected as a member of the Regional Day Care Task Force.

Brenda Symons-Moulton, Child & Adolescent Services, continues to chair the Education Committee of the Child Abuse Council. Recently the committee sponsored a meeting of concerned professionals with regard to the provision of further training for Early Childhood Education as to indications of abuse, and programming for children, who are victims of abuse.

AWARDS

John Sellors was awarded the John C. Sibley Award, McMaster University, December 1990 (for research and teaching by a part-time member of Faculty of Health Sciences).

IN THE NEWS

INTERNATIONALLY

BREAST CANCER

A new estimate released by the American Cancer Society indicates that one out of every nine women will develop breast cancer during her lifetime. Previous estimates, based on figures collected in the mid-1980s, had been one in ten.

In Canada the official estimate remains at one in ten until June when the latest statistics become available.

Researchers on both sides of the border continue to look for clues in the rise in breast-cancer rates. In the 1940s it was one in twenty. Factors that they are looking at include the larger population of older women, increased screening methods, diet, delayed childbearing, and environment. While the outlook looks bleak, early detection has at least kept death rates from soaring. The growing awareness has prompted many women to seek medical tests that have caught the disease in its early stages.

Globe and Mail February 8, 1991

Recent careful scientific testing indicates that breast self-examination seems to do little to prevent death from breast cancer. Scientists say women who check their own breasts do indeed find cancer sooner but apparently not soon enough to make a significant difference in survival. By the time breast lumps are big enough for women to feel there is a good chance the cancer has already spread to other parts of their body.

Although some experts feel that even marginally effective home screening has value, the sceptics contend that the heavy promotion of a worthless screening method diverts attention from mammograms, a test that truly does save lives. Dr. Noel Weiss, co-author of a study published in February in the U.S. Journal of the National Cancer Institute, has attempted to assess the value of self-screening. They concluded that breast self-examination is of little or no benefit. A study in Britain produced similar conclusions.

Others contend that these statistical studies are flawed. However they caution that these exams are no substitute for regular mammograms, which find tumours long before they can be detected by touch. The American Cancer Society recommends that every woman have an initial mammogram between ages 35-40, between 40-50 she should have one every two years and over 50 she should have them annually.

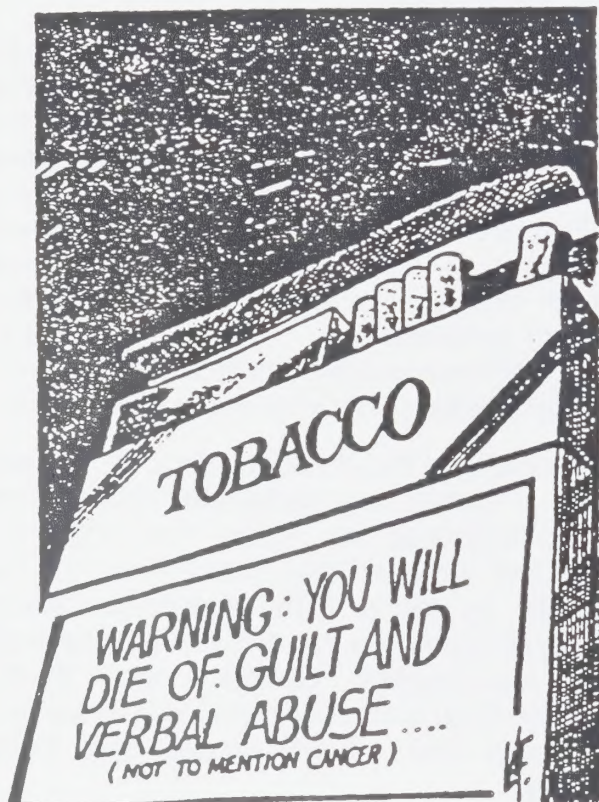
The Spectator April 18, 1991

ON THE LOCAL SCENE

BREAST CANCER

The Hamilton Clinic of the Ontario Breast Screening Program opened its doors three weeks ago as part of the \$5-million breast cancer screening program funded by the Ministry of Health. It has been set up to screen 10,000 women a year from the Central West Region. The clinic is one of 36 funded by the Ministry. Since age is the single greatest risk factor in determining who will get breast cancer, the clinic is only open to screen women between the ages of 50 and 69 years but will not turn away women over 69 years.

The Spectator April 18, 1991



MEET THE PEOPLE

PAUL HURST PH.D., C.PSYCH. CHIEF PSYCHOLOGIST AND MANAGER OF THE CHILDREN'S PROGRAMME, CHILD AND ADOLESCENT SERVICES

Child and Adolescent Services is a unique division with the Department of Public Health Services. Please fully describe your individual responsibilities and roles.

In February, I was reassigned from managing the Community Support and Intake Program to responsibility for the Children's Treatment Program. In addition to managing the Children's Program, I have continued a number of interesting community activities, e.g. Chair the Resource for the Association of Agencies for Treatment and Development (A.A.T.D.); consult regularly to the Board of Education for the City of Hamilton's nine Behavioural Exceptionality Classes. I also consult to the Arrell Observation Home for adolescents detained in closed custody under The Young Offender's Act. This involved providing consultation to Management and staff training.

I am pleased as well to be a member of the Child Abuse Council for Hamilton-Wentworth. One of my most challenging and rewarding experiences at present is that of chairing the Task Force on Sexual Abuse under the auspices of A.A.T.D. and the Child Abuse Council. The Task Force Report will be released on May 10, 1991.

The direct services provided by the Children's Program include treatment and consultation for children with a range of problems, such as learning disabilities, conduct disorders, developmental delays, speech disorders and attention deficit. Many children referred have experienced sexual abuse or other forms of domestic violence. I supervise ten full time and part time staff, and am responsible for the professional standards of the psychological

services and for professional development in this discipline. I also supervise the work of a psychometrist on the team and psychological interns.

With respect to research, I am a member of the Family Therapy Project team. This is an experimental approach to family therapy which utilizes observing and reflecting teams, which was initiated by Hank Van Dooren, the Clinic and Division Director.

Prior to coming to the DPHS, what educational and work experience did you have?

I worked full time with Child and Adolescent Services (C & A) in 1981 and 1982. Then I went into private practice in 1983 continuing consultation with C & A. I returned to work full time in October, 1989.

While in private practice, I was the senior psychologist for Kinark Child and Family Services, the largest children's mental health centre in Ontario and consulted to organizations in the Private and Public sectors.

What brought you back to the DPHS in Hamilton-Wentworth?

Child and Adolescent Services restructured in 1989. I was very excited about the directions it was going to pursue, including creative programming and the emphasis on primary prevention. My job included evaluation of the strategic plan, and managing the newly formed Community Support and Development Programme (until Feb., 1991). An additional opportunity included the conduct of evaluative research within the Teaching Health Unit.

What are your research interests?

At present I served an instrumental role in the development of the Youth Offender's Act research project currently in progress. This project is taking place on the Adolescent Program under the leadership of Dr. David

Benner. This is a replication of a previous study looking at the relationship of variables of offender characteristics (family, behaviour, correctional disposition) with basic personality inventory.

In the future I would like to research more effective management strategies, looking at the impact of service delivery in social services and the area of community development. Specifically I am interested in identifying the management practices that most account for effective community development work in this sector, versus the private sector.

I also hold interest in studying family systems, and learning what makes the difference in helping families to change and arrive at solutions. Programme and project evaluation are research interests of mine as well.

What is the most challenging issue facing you in your role?

It is challenging to provide leadership to maximize staff empowerment. It is difficult for staff to balance service requirements for clients and other stakeholders with personal development and job satisfaction.

Clinically, in working with children and families, the challenge to lay persons and professionals, is increasing our understanding of the power dynamics of all forms of abuse whether it be sexual domestic violence or other forms. We all have a great deal to learn from victims, survivors and offenders, no matter what the scope of the violence.

A third challenge is to find ways to achieve real collaboration with the community at the grassroots level such as with neighbourhoods and institutions like schools. In my view, the funding, structure and process of collaboration needs to be clarified and provided through mandate and legislation at the level of the responsible ministries as well as on the Community Level.

FOCUS I

RESPONDING TO PUBLIC CONCERN THE MILLGROVE DRINKING WATER STUDY

Patricia Powell
Inspection Department

Background

The settlement of Millgrove, population approximately 950, is located approximately 12 kms north of the City of Hamilton in Wentworth Region. The community is made up of homes 1 to 100 years in age, small hobby farms, and pockets of new residential development. Being a rural area, drinking water is obtained from private wells or cisterns and sewage is disposed of by private inground systems.

In late 1989 some residents of Millgrove voiced their concerns over the amount of new housing development occurring in the area. They feared that the underground aquifers supplying their drinking water were being contaminated by the inground sewage systems serving these new homes. Finally, this concern for drinking water quality was taken before the Regional Health and Social Services Committee.

In response to citizen pressure for action, the Regional Health and Social Services Committee requested that the Ministry of the Environment conduct a study of the drinking water quality in Millgrove. The MOE's survey of 25% of the private wells in Millgrove revealed sodium, nitrate, or bacteria levels above the limits set out by the Ministry of environment's "Drinking water Objectives" in 39% of samples taken. Based on these results, the Health and Social Services Committee felt that all private wells in Millgrove should be tested for these parameters and

request that the Public Health Inspection Division of the Hamilton-Wentworth Regional Health Services carry out this testing.

Method

A Public Health Inspection Representative visited every home in Millgrove. Residents were given a form letter which explained the intent of the survey. If they wished to participate the Inspector completed an information questionnaire with them and took water samples for bacterial and chemical testing. The form letter with a request to call the Public Health Inspector to arrange an appointment was left when no one was at home.

Water samples for bacteria testing were taken in plastic bottles provided by the Provincial Public Health Lab and samples for chemical analysis were taken in glass bottles supplied by the Regional Engineering Lab.

Results

Visits were made to 311 premises. Of these, nine residents declined to participate and 105 did not respond to the request that they call to arrange a visit with the Inspector. Water samples were taken from 197 private wells. The construction of these wells varied from shallow dug wells, many of which were buried, in the older homes to deep drilled wells with raised caps for the new homes. Shallow and buried wells accounted for 55% of the wells tested.

Interviews with well owners revealed that they possessed a surprising lack of knowledge concerning the structure and maintenance of their own wells or wells in general. Many well owners had never had their drinking water tested or made an inspection of their well to identify maintenance problems. A number of residents who owned buried wells did not know the exact location of their wells.

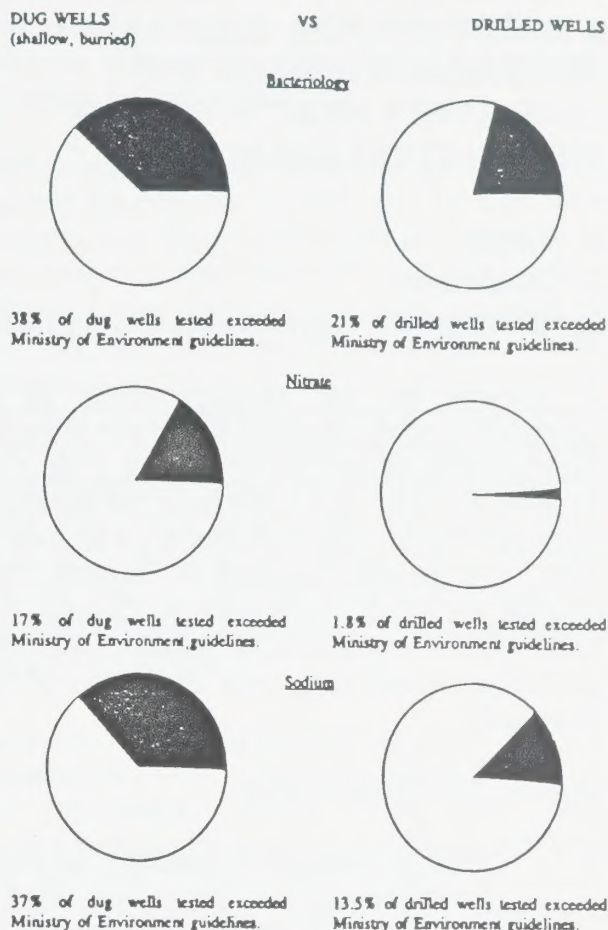
Shallow and buried wells failed to meet MOE guidelines for one or more of the three parameters more often than drilled deep wells. Water from 80% of the shallow and buried wells tested failed to meet drinking water objectives in at least one parameter. When considered separately shallow and buried wells exceeded Ministry of Environment Guidelines in 38% of bacteriological tests, 37% of the sodium tests, and 17% of the nitrate tests.

Discussion

Unsatisfactory results did not occur in any pattern of specific area thus discounting the theory that contamination of the aquifer was taking place in any particular section of Millgrove (ie: the area adjacent to new development). Although shallow, buried wells accounted for a higher percentage of the unsatisfactory results, the presence of high levels of sodium, nitrate and bacteria in deep drilled wells indicated that the cause of contamination was well specific and not aquifer related. Private well owners were informed of; their test results, problems which could cause poor water quality, and the corrective action open to them.

Survey results indicated a lack of knowledge by private well owners on a variety of topics. The Hamilton-Wentworth Public Health Inspection Division is now developing such an educational package for release in the Spring of 1991. Information items to be included are: proper well care and maintenance; the pros and cons of different types of well construct; methods of water system disinfection; and activities which may contribute to well contamination, such as salting for snow and fertilizing in the area.

Comparison of Water Test Results



“

Committee work is like a soft chair — easy to get into, but hard to get out of.

”

FOCUS II

A STRATEGY FOR THE IMPLEMENTATION OF THE COMMUNITY HEALTH STATUS INFORMATION STANDARD

L. Sellar

L. Chambers

Epidemiology Consultant Coordinator

A Strategy for the Implementation of the Community Health Status Information Standard: Reproductive Health Program Pilot Project has received funding (\$52,300.) from the Ministry of Health for the fiscal period January 1 to June 30, 1991. The general objective of the project is to engage program managers in Central West health units in using data for needs assessment, marketing, monitoring, and evaluation of their programs.

Specific objectives include:

1. Offering orientation sessions to Health Unit managers in order to upgrade their data use and interpretation skills and determine their future learning needs in this area.
2. Attempting to increase the use of community health status information in programs outlined in the Mandatory Programs and Services Guidelines.

The network group of Reproductive Health program managers is serving as the model on how to implement the community health status information standard. The following people are actively involved in the project:

Leanne Siracusa
Nancy Litwak
Muriel Wilson
Maureen Wood

Hamilton-Wentworth
Wellington-Dufferin-Guelph
Niagara Regional
Halton Regional

Karen Verhoeve

Rose Anne Maracle-Ringuette

Joan Fedak

Waterloo Regional

Haldimand-Norfolk

Brant

Individual and group sessions have been held with these managers to determine their needs and individual questions have been identified for the work of the project. The group is collaborating with the project coordinator on a community health learning package which will demonstrate use of data in program activities.

The project is administered through the Hamilton-Wentworth Teaching Health Unit by Larry Chambers. Lynda Sellar is the project coordinator (ext. 3549)

ZIGGY



FOCUS III

PUBLIC HEALTH NURSE ROLES WITH FAMILIES AT RISK: A DESCRIPTION OF PUBLIC HEALTH NURSE ACTIVITIES

Helen Thomas
Clinical Nurse Consultant

Introduction

Families at high risk for abusing and neglecting their children or with these problems confirmed, require assistance on a number of levels. Garbarino (1977) has developed a now widely accepted intervention perspective to reduce abuse and neglect. This ecological model acknowledges the multi-causality of child abuse and neglect and outlines four areas for intervention: behavior change in individual family members, improving the quality and quantity of family interactions, enhancing formal and informal community supports, and altering the larger environment in which families live. Public Health Nurses have been working with these families to enable them to make positive changes in their relationships, to use formal and informal community supports in breaking down barriers to family development and to advocate on their own behalf for economic, social and political changes which would enhance their health.

A review of the literature indicates that since Kempe (1976) identified the home health visitor concept as a means of enhancing the parent-child relationship in abusive families by improving the caregiver's capacity through education and support, variations of this intervention utilizing PHNs or Registered Nurses have been employed predominately in primary prevention projects with families at high risk for

abuse and/or neglect. Although interventions differ, there is consensus that a key ingredient in all successful programs is the ability of the worker to respect the strengths of the families with which he/she works.

All interventions operate from the perspective of enabling families to identify and to use their strengths and formal and informal supports to gain control of their behavior and that of their children. Using different interventions based on the ecological model, several investigators have demonstrated that both children and mothers at high risk for inadequate parenting had more favourable outcomes with regular intensive nursing support than did control families at similar risk (Olds et al, 1986; Velasquez et al, 1984; and Gray et al, 1979). The rigorous scientific design used by Olds strengthens the credibility of the effectiveness of such programs for high risk families.

There are several strategies common to most interventions. First, a focus on parent education and information about infant and child development (emphasis on nutrition and physical care in early infancy and moving to issues related to cognitive, social and emotional development as the infants age) is included in all programs. Second, nurses encourage mothers to identify and use available informal support systems (eg, family and friends) for assistance in the ongoing care of their infant and/or solving other family problems. Third, nurses act as a liaison between at-risk families and other appropriate health and social services. The Child Development Programme in Bristol, England (1989) emphasizes two concepts in visits to primiparous families: enabling families to take responsibility for their own health and that of their children by information sharing and mutual planning of clear objectives for the following visit; and nutritional information at a practical level in an effort to reduce the frequently occurring deficient diets of infants after weaning.

One study reports the effective use of an intensive nurse home visiting program to decrease out-of-home placement of abused children (Amundson, 1989). The major thrust of this six-week program is crisis intervention and constant accessibility for families to the nurse. Again the issue of developing mutual trust and enabling families to use their strengths in identifying and solving problems is clear.

In summary, nurses have provided effective interventions for high risk families, and in a more limited way for abusive and neglecting ones. The skills required are those in which most nurses have at least beginning level expertise in. Supervision by experienced professionals has proven to be useful in skill development in identified areas. Although effective, these interventions are time and energy intensive. The success of such programs appears to be highly correlated with the length of the programs.

The Nursing Supervisors of the Parent - Child Program at the Hamilton-Wentworth Department of Public Health Services, wished to have an accurate assessment of the activities of the Public Health Nurses (PHNs) with client families they visit that are either at high risk for physically abusing or neglecting their children or where such incidences have been confirmed. The purpose of this descriptive study was to identify and quantify the activities that these PHNs engaged in with these families.

Methods

Using the Mandatory Guidelines as a starting point, the PHNs on the Child Welfare Committee of the Parent - Child Program generated a list of activities in which they frequently engage with these families. An initial draft of The Child Welfare Case Load Analysis form was developed and circulated to the Supervisor and other PHNs on the team for comment. Two PHNs pilot tested it with several families. Based on these results the final version of the form evolved.

It consists of several sections. In the first, nine issues frequently addressed during home visits are listed. The second section provides the PHNs with a way of summarizing interactions they have with other community agencies or professionals that are related to on - going intervention with the clients. Because this project involved many clients with whom one of the Children's Aid Societies was also involved, interactions were divided into those with the CASS and all others. A section for documentation was included because this is part of the visit and also can be very time - consuming for these clients. Finally, travel - time was included because this is also part of the time spent. It becomes an issue for many of these clients because they do not have phones and if they forget the visit, PHNs may spend an inordinate amount of time with little impact.

Four PHNs completed the forms for 22 home visits to nine client families between May and August, 1990. The data were collated and a descriptive summary is outlined below.

Results

The home visits ranged from one to two and one-half hours in length with a mean length of 1.9 hours. Telephone contacts with clients were not included.

Nurses reported frequently engaging in all of the tasks with clients. The results are summarized in Table 1.

The three most frequently reported issues for the 22 visits were child development ($n = 20$), talking about medical follow - up, co-ordinating medical services, explaining the need for consistent medical care ($n = 20$), and infant and child nutrition ($n = 19$). PHNs reported spending a mean length of time per visit on these issues of 21 minutes (range 10 - 60), 14.8 minutes (range 5 - 30) and 15 minutes (range 10 - 30) respectively. One PHN reported

spending 60 minutes addressing child development at one visit. Otherwise, although there is some variation, time spent on all three of these activities is quite consistent.

All of the other activities are reported in decreasing frequency. Again, aside from one unusual situation (relationships with others), the variation in amount of time spent on any activity is quite consistent from visit to visit for any particular PHN and among the PHNs. Activities identified in the "other" category included pre-natal assessment and teaching, sharing information about birth control methods, and addressing the risks of sexually transmitted diseases and AIDS.

Twenty interactions with the CASs were reported. These included meetings and telephone calls to plan or evaluate interventions. These interactions took from 30 to 90 minutes with a mean time of 45 minutes. They involved seven of the nine clients on which the data are based. Three PHNs reported completing written reports for CAS. These took from three to seven hours to complete.

Thirteen contacts with other agencies were reported. They took an average of 45 minutes. For five clients, PHNs were involved in interactions with both CAS and some other agency or professional.

Recording the visits took about 50 minutes per visit, with a range of 20 to 60 minutes. There were no visits made where clients were unavailable. Travel time for these visits was no different than for other visits these PHNs made.

Discussion

Because of the small sample of PHNs and clients involved in this work, no definitive conclusions can be drawn. Another

consideration is that the PHNs involved are experienced nurses who have a high level of clinical expertise in this area. Furthermore, the clients involved are the most extreme cases. However, there are some interesting issues raised by this summary. All the activities were frequently reported, and are certainly appropriate activities for the PHNs within the Healthy Children Program. The number of interactions with others indicates that PHNs play an important coordinating or liaison role in client management. It is also evidence that there is a unique nursing role in these situations, since they are performing activities that others are not equipped to do.

This summary provides initial empirical evidence of the extensive time spent by PHNs in documentation of one sort or other for these cases. This might be an area for future work to try to decrease the time spent. Such things as streamlining CAS reports might be a consideration.

In discussion with the PHNs, it is evident that they view many of these activities as health promotion. One objective of their interventions is to provide one-to-one case management until parents are able to use community group resources. Barriers to use of these resources include concrete problems such as transportation and babysitting, as well as the lack of skills that make it difficult for these clients to get organized to attend such activities. The social skills required to function in groups are also often not well developed in these clients.

This work gives a beginning picture of the role of PHNs with client families at high risk for abuse and/or neglect.

TABLE 1
PHN ACTIVITIES WITH CLIENTS:
FREQUENCY AND TIME SPENT

ACTIVITY	FREQUENCY REPORTED (N=22 visits)	TIME SPENT/VISIT	
		MEAN MINUTES	RANGE
Child Development	22	21.0	10 - 60
Medical Follow-up	20	14.8	5 - 30
Infant and Child Nutrition	19	15.0	10 - 30
Relationship with others than children	14	12.0	5 - 45
Child Management	13	18.9	10 - 30
Child Safety	12	11.9	5 - 30
Other Activities	8	18.0	15 - 25
Housing	6	10.0	5 - 30
Hygiene	3	10.0	5 - 12
Monitoring	1	30.0	

FOCUS IV

COMMUNITY MEDICINE RESIDENCY PROGRAM

Larry Chambers

Coordinator, Teaching Health Unit

In 1990, Dr. Brian Gibson, Associate Medical Officer of Health, took over as Director of the Community Medicine Residency Program in the Faculty of Health Sciences. The program trains graduate physicians in the speciality "Community Medicine". One of his first tasks was to prepare the materials for the review of the Program by the Royal College of Physicians of Canada. This review occurred in March 1991 and included review of the Hamilton-Wentworth Department of Public Health Services as an accredited training site for Community Medicine Residents. Both the Community Medicine Residency Program and the Health Department were highly rated by the Royal College survey. Our congratulations are extended to Brian Gibson and the Community Medicine Residency Program Advisory Committee.



RESEARCH AROUND & ABOUT

"BE TRUE TO YOUR HEART" AT THE HAMILTON STREET RAILWAY (HSR)

The "Be True to Your Heart" program was successfully launched at Hamilton Street Railway (HSR) on February 14th. HSR cafeteria patrons now have the opportunity to choose lower fat foods and to increase their knowledge of the relationship between diet and heart disease.

Zita Bersenas-Cers, public health dietitian, and two dietitians from Hamilton-Wentworth Nutrition Committee worked closely with Mary Beth Beasley, the Employee Health Coordinator at HSR and Ray Smith the operator of HSR cafeterias in the planning and implementation of this cafeteria program. A needs assessment survey of 220 cafeteria users indicated that: 70% were concerned about their health, 37% wanted to learn more about choosing healthier foods, 71% wanted the HSR cafeteria and Employee Health Centre to help cafeteria users learn more about heart-healthy eating, 77% felt more heart-healthy food choices should be available in the cafeteria and 83% said they would buy these foods if they were offered.

The 12-week pilot program includes "low fat" menu specials and "questions of the week" to increase knowledge about diet and heart disease. Everyone who answers the question of the week correctly can enter a draw to win a free low fat special the following week. The recipes for many cafeteria favourites such as lasagna and chili have been modified to decrease fat content. Plans are under way to label the fat content of most cafeteria foods and to increase the availability of lower fat food choices. The program will be evaluated by the patrons following the pilot period.

FUNDING RECEIVED

- | | | |
|-----|----------------|---|
| I | Title: | Survey Hamilton Physicians about STD Management |
| | Investigators: | Sellors, J.W., Landis, S.J.
(Principal Investigators) |
| | Amount: | \$2,000 |
| | Source: | McGregor Clinic Fund of the Hamilton Foundation |
| II | Title: | A model nutrition promotion and physical activity program targeted at one to twelve-year-olds. |
| | Investigators: | Hale-Tomasik, H., Ciliska, D., O'Brien, M.
(For Hamilton-Wentworth) |
| | Amount: | \$50,000 |
| | Source: | Ministry of Health |
| | | Kingston, Frontenac and Lennox and Addington and Hamilton-Wentworth Department of Public Health Services Teach Health Units are to initiate the development of a model nutrition promotion and physical activity program targeted at one to twelve-year olds. |
| III | Title: | Follow-Up of Female Adolescents who Attend Birth Control Clinics |
| | Investigators: | Van Dover, L., Mitchell, A., Chambers, L. |
| | Amount: | \$68,000 (2 Years) |
| | Source: | Health & Welfare Canada (1991) |

- IV The Canadian Dietetic Association approved **Helen Hale Tomask**'s proposal to provide a special community dietetic internship program for **Lise Smedmore**. Lise has been working with Nutrition Services since November, 1990 on a food and nutrition education project with emergency food providers through Greater Hamilton Food Share. There are currently only two community dietetic internship programs in Canada - one in Ottawa and one in Saskatchewan.

These two programs graduate a total of four community dietitians per year. The rest of the dietetic profession receive their internship training in the institutional sector with a focus on clinical or administrative dietetics. Plans are underway to develop a proposal for an on-going fully accredited community dietetic internship program in our Teaching Health Unit that would graduate a minimum of two community dietitians per year.

- V Title: Health of the Public Project (HOPP)

Investigators: Neufeld, V.
(Principal Investigator)
Sider, D. - Project Director
Fischbuch, M.
- Project Coordinator

Amount: \$174,000 (2 Years)

Source: Pew Charitable Trusts and
the Rockefeller Foundation

Hamilton-McMaster University Faculty of Health Sciences has been funded by the Pew Charitable Trusts and the Rockefeller Foundation to coordinate a Health of the Public Project (HOPP).

The \$147,000, 2-year project is designed to build student and faculty partnerships with the Hamilton-Wentworth community. These partnerships will provide opportunities for students and faculty to participate in local social policy development and implementation, such as the upcoming Child Poverty Forum.

The project is based at the Health Priorities Analysis Unit, located at 25 Main St. West.

According to Dr. Sider, "the HOPP is faced with 2 major challenges, increasing student and faculty involvement in innovative community health opportunities, and integrating community health skills and knowledge within the academic programs."

The HOPP is part of a 17 centre North American program intended to help academic health sciences centres adapt to the changes in our communities and the health care environment, and to enhance their responses to the health needs of the public.



PRESENTATIONS

November

Gibson, B. Drinking Water Issues for Family Physicians. Academic Forum, The Department of Family Medicine, McMaster University, Hamilton, November 6, 1990.

Freeburn-Conry, E., Woodside, D. Management of Suicidal Behaviour. George R. Force/West Lincoln Open Custody Group Homes, November 14, 1990.

December

Symons-Moulton, B. Needs of High Risk Families. Community Relations Workers, Hamilton Housing, December 4, 1990.

January

Gibson, B. Environmental Protection Issues. Academic Forum, The Department of Family Medicine, McMaster University, Hamilton, January 8, 1991.

Greenway, G., Symons-Moulton, B. Termination, Separation & Discharge Planning for Residents. West Lincoln & G. R. Force Open Custody Group Homes, January 9, 1991.

Meggison, H. Sexual Abuse/Sex Play. Catholic Children's Aid Society, Hamilton, January 15, 1991.

Mowat, J., Pond, M. Promoting Healthier Communities: Mobilizing the Team. Workshop Resource Persons at Ottawa-Carlton Health Conference's Health Promotion Conference, Ottawa, January 16-18, 1991.

February

O'Mara, L., Chambers, L.W., Isaacs, S. (1991). Promoting Health in Child Care Centres: Assessing Operators' Learning Needs. Academic Seminars. McMaster University, Feb. 4/91.

Witt, T., Ball, H. Behaviour Management. Hamilton-Wentworth Social Services Private Day Care. Red Hill Centre, Hamilton, February 5, 1991.

Ciliska, D. Alternative Approaches to the Treatment of Obesity. Update '91. University of Toronto Care Day for Family Physicians, Toronto, February 7, 1991.

Sellors, J.W. Accurate Diagnosis of PID and the Design of Treatment Trials. Roche A/S, Basel, Switzerland, February 19, 1991.

Sellors, J.W. Diagnostic Test Evaluation for PID. Day in Gynecology and Obstetrics. Seinajoki Central Hospital, Seinajoki, Finland, February 22, 1991.

Symons-Moulton, B. Discipline and Parenting. Educational Presentation to Parents. Buchanan Park School, Hamilton, February 26, 1991.

Gibson, B. Is Your Health Affected by Acid Haze?. Public Affairs Seminar on Environmental Health. The Lung Association, Hamilton-Wentworth, Hamilton, February 26, 1991.

March

Meggison, H. Treatment of Adolescents Molested as Children. CYW Program. Mohawk College, Hamilton, March 11, 1991.

Meggison, H. Adolescents Molested as Children - Treatment Strategies. CYW Program. Mohawk College, Hamilton, March 11, 1991.

POSTER PRESENTATION

February

Ciliska, D. The effects of group intervention on self-esteem, body dissatisfaction and eating in chronically obese women. American Journal of Health Promotion, 2nd Annual Conference. Hilton Head Island, South Carolina, February 27, 1991.

PUBLICATIONS

Byrne, C., Isaacs, S., Voorberg, N. Assessment of the Physical Health Needs of People with Chronic Mental Illness: One Focus for Health Promotion. Canada's Mental Health. March 1991, 7-12.

Hale-Tomasik, H. (1990). Facilitating Research in a Teaching Health Unit. Journal of the Canadian Dietetic Association. 51(4), 495-496.

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CALENDAR OF EVENTS

Seminars in Primary Care Research
Health Sciences Centre 3E26
May 3, 1991 12:00 - 1:00 p.m.
Dr. Larry Chambers
Canadian Study on Health and Aging

Aging and Memory Rounds
Health Sciences Centre
Rm. No. HSC-3N25H
May 15, 1991 4:30 - 6:00 p.m.
Sheree Kwong-See
East Boston Memory Test

4th Annual Health Policy Conference
Hamilton, Ontario
May 22-24, 1991
Health Care and the Public : Roles,
Expectations and Contributions

19th Annual Meeting of the North
American Primary Care Research Group
Quebec City
May 22-25, 1991
Community-based and university-based
primary care research: building a bridge

2nd Canadian Epidemiology
Research Conference
Edmonton, Alberta
May 23-24, 1991

6th National Conference on
Gerontological Nursing
Regal Constellation Hotel, Toronto, Ont.
May 29-June 1, 1991
Being the best we can be

Association of Ontario Health Centres
9th Annual Conference
Ottawa, Ontario
June 6-8, 1991
Exploring our Roots : Expanding our Visions

Canadian Dental Hygienists
Moncton, NB
June 6-8, 1991
Future of Health Care - Health Promotion
A multidisciplinary approach

8th Annual McMaster Summer Institute
on Gerontology
McMaster University
June 10-14 - Case Management :
Theory and Practice
June 17-19 - Myths and Realities of
a caring community
June 20-21 - Living with Risk :
Clients and Professionals

Annual Conference of the Canadian
Dietetic Association
St. John, NB
June 16-20, 1991
Performance across our scope of practice

7th Annual Conference on AIDS
Florence, Italy
June 16-21, 1991

XIV World Conference of Health Education
Helsinki, Finland
June 16-21, 1991
Health - United Effort

13th Annual Guelph Conference on Sexuality
University of Guelph
June 17-19, 1991
Improving Relations in the 1990's

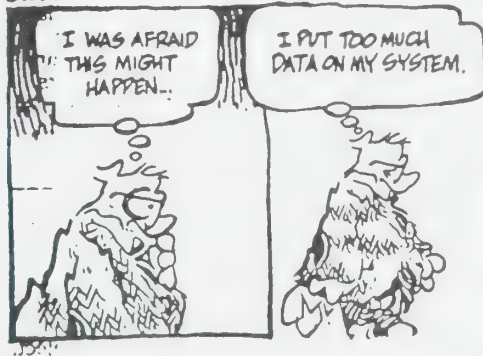
Canadian Public Health Association
82nd Annual Conference
Regina, Sask
June 17-20, 1991
Improving the odds : reducing
inequities in health

Canadian Association on Gerontology
20th Annual Conference
Toronto, Ontario
October 23-27, 1991
The Faces of Aging in a Multicultural Society

Ontario Public Health Association
Annual Conference
Ottawa, Ontario
November 17-20, 1991
Changing times : a time for change

44th Annual Scientific Meeting of the
Gerontological Society of America
San Francisco, CA
November 22-26, 1991

Shoe





Teaching Health Unit
COMMUNITY HEALTH WORK-IN-PROGRESS ROUND

Neil Johnston

Director Planning
McMaster University

Keith Monroe

Level IV, McMaster BSc.N. Program
McMaster University

**HOSPITALIZATION PATTERNS IN
HAMILTON-WENTWORTH: AN APPROACH
TO ECOLOGICAL ANALYSES**

Monday, June 3, 1991

8:30 - 9:30 a.m.

**9th Floor Human Resources Room 1
25 Main Street West**

Learning Potential

- using postal code as a geographical marker in health data analysis
- combining health service consumption data with social and economic data and establishing a market profile
- using mapping and definition of market segments as a tool for health services planning

Research Method

Abstracted hospital discharge data, emergency room encounters, out-patient encounters and some physician consults (McMaster GFT) are currently included in the database. The key field in all of the data is the six digit postal code. Based on the postal code a corresponding latitude and longitude (used for point mapping) and marketing code (depicting social and economic status of the given postal code) was appended to each record. In Hamilton-Wentworth there are 13,800 postal codes. For each postal code, patterns of health service consumption and demographic characteristics can be analyzed and used for health services planning.

Attendee Feedback Requested

Critique of the methodology is welcomed and will be for honing this technique. It will also be interesting to learn of alternative applications and data for this method of analyzing health services data.

R.A.P.P.O.R.T.*Report And Projects/Presentations on Research Topics*

June 1991: Vol. 5, No. 2

GOVERNMENT DOCUMENTS

EDITORS' COMMENTS

In the last issue of RAPPORT we invited our readers to respond to the media coverage of breast cancer and use of mammograms as a screening tool.

We are pleased to print one response on page one.

Elena & Cathy

EDITORS

Cathy Buffett
Elena Goldblatt

DESIGN & PRODUCTION

Carolynne Turner

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HAMILTON-WENTWORTH DEPARTMENT OF PUBLIC HEALTH SERVICES

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Hamilton, Ontario L8P 1H1

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BROOM HILDA



LETTER TO THE EDITOR

I was asked recently by my mother whether she should have a mammogram. With all the recent press about the effectiveness of breast cancer screening for mammography, my first response was to encourage her. Upon further consideration, however, I question whether the benefits of mammography have been dangerously exaggerated.

For any screening program to be useful, in preventing some outcome (in this case death from breast cancer), it must be *effective*. In order to be effective, diagnostic accuracy, efficacy, health provider compliance, patient compliance, and coverage must all be high (see Cadman et al 1984 for a comprehensive method to evaluate community screening programs). While I do not claim to be an expert on the occurrence of breast cancer, I have yet to be convinced that a breast screening program using mammography will meet all of these criteria. A recent article by Dr. Maureen Roberts (1989) (formerly of the Edinburgh Breast Screening Project, before her death of the disease in June 1989) raised a number of issues which appear to have been pushed aside by proponents of breast cancer mammography screening. She reminds us that screening is a second best alternative since prevention of the disease should be the goal. She also questions whether the anticipated reduction in mortality will be anywhere close to predicted decreases. For many woman, mammography is extremely uncomfortable and is likely to limit later compliance after the initial visit. Also, she points out that not all studies have shown significant reductions in mortality when a screening program has been in place. While I recognize that no study is perfect, I do have concerns about the potential effect of publication bias (significant results tend to be published more often than non-significant results), and the fact that an independent agency was not chosen to review and critique the literature to determine the value of a screening program. Further, the use of mammography has been increasingly used in Canada in the past decade, and many

physicians are routinely sending their female patients (50+ years) for screening. Although not an organized screening program, one would anticipate seeing at least a slight decline in the mortality rates from this disease. No such decrease has been observed (National Cancer Institute of Canada 1990).

What does happen if a lump is discovered? Dr Roberts stated that about 10-17% are benign. Little is known about the clinical course or treatment of benign lesions of the breast. For those who are told that they have an invasive tumour, no studies have been conducted to find out what these women feel and think. We don't know the psychological damage that such news causes. Nor do we know how best to help these women cope, personally and medically, with the disease. She goes on to say that screening programs are promoted such that participants feel that if they go and find out they have a tumour, they will be cured. But is there a cure for breast cancer? As mentioned above, mortality rates for breast cancer have remained basically stable for the past 20 years (National Cancer Institute of Canada 1990). It appears that all our efforts at improving treatment have left us little better off than two decades ago.

So, when I turn 50, will I have a mammogram? And will I recommend my mother having one? There is no history of breast cancer in my family, and I do not have the other most common risk factors. So, I don't know what I'll do. I want to be convinced that screening using mammography is effective, but I want an unbiased and comprehensive review, and sound evidence that if a lump is found upon examination, a safe and effective treatment will be available. I fear today's approach will primarily increase anxiety, and prolong mental suffering without achieving reduction in mortality from breast cancer.

In this way, mammography as a tool for breast cancer screening may actually break the honoured tradition of doing more good than harm.

D. L. Reynolds

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National Cancer Institute of Canada; Canadian Cancer Statistics 1990. Toronto, Canada, 1990.

Roberts, M.M. Breast screening; time for a re-think? British Medical Journal 1989; 299:1153-1155. Letter to the Editor:

APPOINTMENTS

Pat Elliott is Chair of Ontario Society for Nutritionists in Public Health, 1991-1992.

Hank VanDooren has been asked to represent the service community on the first Regional Advisory Board of the Children's Psychiatric Research Institute (CPRI - London).

IN THE NEWS

INTERNATIONALLY

YO YO DIETING

A study published in the June 27th, 1991 issue of New England Journal of Medicine found that yo-yo dieters who go through life taking off weight and putting it back on again appear to significantly increase their risk of dying from heart disease. Being overweight clearly raises the chance of heart trouble, but the new research suggests that failure to keep off the flab might be just as bad. The study found the risk of dying from heart disease is about 70 per cent higher in those with fluctuating weight than in those whose weight stays reasonably steady. Dr. Kelly Brownell, a psychologist at Yale

University was senior author of the study. Among its conclusions are : the danger of yo-yo dieting to the heart appears to be about the same as staying fat; men with fluctuating weights have nearly twice as high a risk of dying from heart disease as do those with stable weights. Among women, the risk is about 50 per cent greater.

The Spectator June 27, 1991

ON THE LOCAL SCENE

YO YO DIETING

Dr. Donna Ciliska, Clinical Nurse Consultant with the Hamilton-Wentworth Department of Public Health Services and Associate Professor in the Health Sciences Department at McMaster University is founder of a program called Beyond Dieting which was started in order to help people stop dieting. She says there is mounting medical evidence that constant dieting is a health hazard.

Those who engage in what the experts call Yo-Yo dieting are particularly at risk, Dr. Ciliska says. They may be prone to heart problems, diabetes and high cholesterol levels. Many doctors believe that constant dieting disturbs the body's metabolic levels and may actually promote weight gain. About 90 per cent of those who go on a crash diet will regain the weight within a year, and 80 per cent will be at an even higher weight. To make matters worse, much of the regained weight takes the form of fat, not muscle.

Dr. Richard Black, a research associate in the faculty of medicine at the University of Toronto, says the best way to lose weight is as slowly as you can and exercise at the same time to keep your metabolism up. Furthermore, it is critical to eat the right foods, staying away from rich, fatty foods that are easy for the body to store.

Globe and Mail April 4, 1991
Globe and Mail May 9, 1991

MEET THE PEOPLE

ELENA GOLDBLATT, B.A. LIBRARIAN TEACHING HEALTH UNIT

Please describe your unique role as Librarian for the Department of Public Health services.

The library was established in 1986 with funding provided when our Health Department became one of the first Teaching Health Units in the province. Prior to this, it was very difficult for staff members to keep up with the literature in their field as access to health information was not easily obtainable. I was hired in September of 1986 and was given the task of creating a library with some back issues of seven journal titles and about 150 books, mostly out of date, from various offices within the Department. Based mainly on recommendations of staff members, the collection has now grown to over 600 books and 90 journal titles. My role as librarian of the Department of Public Health Services (DPHS) is to provide information and promote current awareness to all staff members, cross-appointees and students with the Department. This is done by accessing our own resources as well as the other health libraries in the Hamilton region and using interlibrary loans to obtain information anywhere in North America. This involves clipping the Hamilton Spectator and the Globe and Mail on a daily basis, circulating Journal Contents Pages, keeping vertical files on "hot topics" in public health, conducting Medline and CINAHL on-line searches and finding locations and ordering materials through interlibrary loans.

Prior to coming to the DPHS, describe your previous background and what brought you to the department.

I have a B.A. in Sociology from the University of Toronto. After graduation I completed a year at Hamilton Teachers' College and taught for the Hamilton School Board for 3 years obtaining my permanent certificate. While staying home for a

few years with my children I began taking night courses at Mohawk College and after four years I received my Library Techniques Diploma. My first job was a part-time position at the Hamilton Law Association library. It was there that I gained my experience in working in a small specialized library setting. After working there for 5 years I was ready to work full time and came to the Department where I was able to switch my area of expertise from law to medicine.

Prior to coming to the DPHS, describe your previous background and what brought you to the department.

How have you been able to contribute to research, service and education within the DPHS?

Since we have become a Teaching Health Unit, research activities within the Department have greatly increased. I am fortunate to be able to sit on the Research Committee where I can have some input into the research agenda for the Department as well as learn first hand about all the ongoing projects taking place here. As well I have been a co-editor of RAPPORT, our research newsletter, since its inception in 1987. I contribute to research projects going on in the Department by conducting on-line searching and providing the articles needed to carry out the studies. As well I am part of on-going research through my activities with the Population Health Information Project, a joint committee of the DPHS and McMaster University, and the Contact Tracing Project, funded by the National Health Research and Development Program of Health and Welfare Canada to investigate the effectiveness of contact tracing and partner notification in controlling sexually transmitted diseases.

In order to serve their clients, staff of the DPHS access the library to provide these clients with the most up-to-date, accurate information. This is obtained through our own resources as well as our membership in the Hamilton-Wentworth

Health Library Network which gives us borrowing privileges at all the hospital libraries in the Hamilton area as well as access to the services provided by the Health Sciences Library at McMaster University.

Students on field placement at the DPHS have full access to all library services. This allows them to gain knowledge of public health issues in order to carry out their assignments here effectively.

In the middle of 1987 we started keeping statistics on library usage within the Department. In 1988, we had 644 requests for 2,566 items. In 1990 we had 1088 requests for 4,791 items.

Describe your activities outside the department.

I am presently the chairman of the Hamilton-Wentworth Health Library Network where I am beginning my second year of a two year term. We meet monthly to share information and develop policies and procedures to ensure that our network operates smoothly. I also served as co-chairman of facilities for the Canadian Health Library Association convention which took place recently in Hamilton.

What is the biggest challenge you face?

One of the biggest challenges I face today is keeping up with the technological advances that are taking place in the library field. With the introduction of new databases on-line and on CD-ROM you have to be well informed on what is currently available and how to use it effectively. A second challenge is keeping up with what is currently happening in the public health field so that I can be proactive in providing information necessary for the staff to carry out their responsibilities within the Department.

★ ★ ★ ★ ★

FOCUS I

THE HAMILTON-WENTWORTH REGIONAL LACTATION COMMITTEE: METHODS OF COMMUNITY COLLABORATION TO INCREASE THE PREVALENCE OF BREASTFEEDING

Mary O'Brien
Public Health Nutritionist
Ruta Valaitis
Lecturer, McMaster University
School of Nursing
Michelle Adams
Public Health Nurse

In June, 1989, a group of seven nurses representing McMaster University, the Regional Municipality of Hamilton-Wentworth Department of Public Health Services, Chedoke-McMaster Hospitals, Henderson Hospital and St. Joseph's Hospital met to discuss common issues related to breastfeeding. Membership on the Committee has expanded over the last two years to include a broad base of experience and expertise. The current fourteen members provide representation from nurses, nutritionists, the public, a pediatrician, LaLeche League, lactation consultants, a patient education consultant and a research consultant. These people also represent a cross section of agencies in the region including: the Department of Public Health Services, all three area maternity hospitals, La Leche League and McMaster University School of Nursing.

The following report outlines the committee's achievements to date according to the three primary objectives:

1. To coordinate the review, development and dissemination of breastfeeding resource information within the hospital and community in Hamilton-Wentworth:

Women's and Health Professional's Needs for Breastfeeding Health Promotion Literature - A Pilot Study

In 1989, the committee conducted a pilot survey using a convenience sample of 11 new mothers and 25 health professionals in Hamilton. The questionnaire asked respondents to rate the importance of various topics for breastfeeding promotion literature. The results provided support for information on a broad range of topics related to breastfeeding. It also identified differences between the health professional and patient groups with respect to the value placed on these topics. Results were presented at the Pediatric Nutrition Update in Hamilton in February, 1990 and Nursing Academic Rounds in November, 1990.

A Review and Critique of Available Breastfeeding Promotion Literature in Hamilton-Wentworth

Over the last year, a subcommittee collected approximately 35 pamphlets, fact sheets and booklets pertaining to breastfeeding within the Hamilton-Wentworth Region. The subcommittee is presently completing a detailed review of this material assessing it for: accuracy of information, compliance with the WHO code, a positive approach to breastfeeding and readability. The findings provide very strong support for the development of new breastfeeding promotion literature covering a broad range of topics. A summary of the resource assessment will be submitted for publication this spring/summer and the results will be presented in Hamilton on June 5, 1991 at a conference organized by the Regional Lactation Committee entitled "Current Issues in Breastfeeding".

The Development of Breastfeeding Promotion Literature: A Community Project

The committee submitted a research proposal to the Ministry of Health, Health Promotion Grants Program, in August, 1990. The aim was to obtain funding for the collaborative development of new breastfeeding health promotion resources to be used by all area hospitals, the health department and the community. The committee was successful in obtaining \$5,000 in March, 1991 for this project.

The committee members have been working steadily since September, 1990 in producing the new prototypes with the assistance of Patient Education Consultants from McMaster. The group's commitment and expertise along with the financial support from the Ministry of Health is sure to result in "state of the art" health education materials for breastfeeding mothers. It will also help to ensure that consistent information reaches everyone in the Region of Hamilton-Wentworth.

2. To stimulate the development of strategies for primary lactation education:

Breastfeeding Certificate Program - Mohawk College

The group acted as a review committee for a newly formed Breastfeeding Certificate Program offered by Mohawk College, Continuing Education. The first class of '90 graduated 19 students. Currently, there are 22 students enrolled in the program.

Current Issues in Breastfeeding
Conference June, 1991

The committee is in the process of organizing a breastfeeding conference, entitled "Current Issues in Breastfeeding". This conference for health professionals will be held on June 5, 1991 at the Royal Connaught Hotel in Hamilton. The committee is grateful for financial support from the Chedoke-McMaster Hospital Foundation: Breastfeeding Promotion Fund.

3. To utilize a community development approach:

Public Forum

In October of 1989, a public forum was organized by the committee in order to identify consumer concerns, hopes and expectation with respect to breastfeeding. A large number of issues were raised including the need for social change with respect to attitudes about breastfeeding, the lack of financial support for extended maternity leaves, the need for social and expert professional support and the need for consistent information.

Summary and Future Plans

The future plans of the group include the development of resources and a public media campaign for the promotion of breastfeeding. In summary, the committee has been extremely effective in pulling together many professionals and the community in order to deal with regional breastfeeding issues.

————— “ —————
Say no, then negotiate.
————— ” —————

FOCUS II

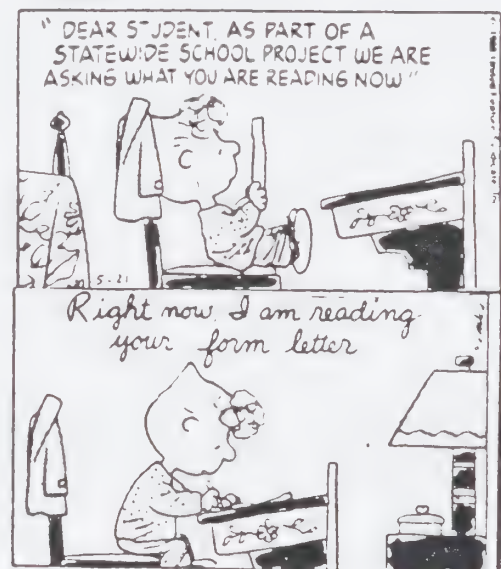
**SURVEY OF NURSING
STUDENT/PRECEPTOR
PARTNERSHIPS**

**Margaret Black
Clinical Nurse Consultant
Teaching Health Unit**

A survey of available statistics for nursing student placements was done for 1990 which included information on the number of PHN preceptors matched with students. Students were placed with all programs (Parent Child, School, Adolescent, Adult/Bereavement, Seniors, Sexual Health, Mental Health). Each nursing student from Level II, III (Basic and Post Basic) and Level IV (Basic and Post Basic) spends from 1/2 day to 312 hours with the division, depending on the level and clinical course. This excludes graduate students and those who work with PHNs on research projects.

In total, there were 67 students placed with 51 PHNs, several of whom worked with more than one student over the year. These 51 PHNs represent 43% of all full-time and part-time PHN staff of the nursing division.

Peanuts



FOCUS III

RESEARCH PROJECT REPORT: QUALITATIVE ANALYSIS OF THE ANECDOTAL NOTES MADE BY A PUBLIC HEALTH NURSE IN ENGLISH AS A SECOND LANGUAGE CLASSES

Myrna Pond
Public Health Nurse
Donna Ciliska
Cinical Nurse Consultant
Louisa Dauphin
4L04 Research Student
McMaster University

Refugees and immigrants into Canada are faced with tremendous difficulties integrating into this new country. These processes tend to lead to frustration, anxiety and stress resulting in a disturbance in self-esteem.

A health promotion PHN recorded noteworthy experiences during ESL classes over a three year period while conducting health promotion classes. These may have been identified as verbal interactions, gestures, physical movements or other features of non-verbal expressions.

The research student, Louisa, read through the whole collection of notes. Following that, she developed a coding system to quantify the key words.

The preliminary themes which emerged are:
1) physiological topics including nutrition and communicable diseases, 2) self-concept including topics of stress, anxiety, depression and self-esteem disturbances, 3) role functions and interdependence, 4) strengths primarily related to the educational setting, and 5) limitations or barriers, again primarily based in the educational context.

Anecdotes on the theme of self-concept occurred most frequently. Notes included:

a) culture shock : changes in traditional dress (headpiece), b) bereavement : a woman who bore 10 children has only 5 living because others were killed in the war, c) stress : "inability to provide for his family", d) denial of stress : calling relaxation exercises "not useful" with notes about body language (folded arms, leaning back in chair), and e) beliefs and values : fear of cold air, use of abortion.

The anecdotal notes indicate that communication is a core theme. Some indicators of this are : requests for information; expressions of cultural differences; expressions of emotional states; the effects of the educational experience; and the nurse educator's responses. Communication is central to the health promotion and education role but is key in the experience of all newcomers.

The next stage of the research will be further refinement of the themes.

FOCUS IV

NUTRITION EDUCATION SUPPORT PROGRAM FOR EMERGENCY FOOD PROVIDERS

Anne Kennedy
Lise Smedmor
Nutrition Services

Background Information

In March 1990, Nutrition Services in conjunction with the Greater Hamilton Food Share received a Health Promotion grant from the Ministry of Health to assist emergency food providers with the provision of nutritious and personally acceptable foods to their clients. The project

was designed to provide emergency food centres with ideas and resources that would be designed to provide emergency food centres with ideas and resources that would support the development of their clients' food selection and meal preparation skills as well as maximize the use of food available from the emergency food centres. In November 1990, Lise Smedmor was hired as the project Food and Nutrition Educator.

The Project idea stemmed from the Community Profile Survey conducted by Nutrition Services in 1987. The original survey identified several nutrition education needs among emergency food service providers and their clientele including: identifying low cost, nutritious food choices, preparation instructions for donated foods; nutritious meal suggestions; recipes appropriate for individuals with the limited cooking skills; and improved food safety practices.

Project Design

A community advisory group was formed to provide guidance throughout the project. Three community services workers and the public health nutritionist met regularly with the Food Educator for the duration of the project. Initially a questionnaire was designed and administered to the six emergency food centres to update the earlier information. The findings revealed that: 1) food items such as lentils, chick peas, kidney beans, dried beans, tomato paste, and skim milk powder were poorly accepted, 2) simplified, "one-pot" type recipes using few ingredients were preferred 3) food safety was of concern and 4) literacy levels, while not able to be tested, needed to be considered.

A series of resources were developed to address the survey findings. Three types of resources were developed: 1) recipes targeted around the poorly accepted foods, 2) information sheets providing new suggestions on how to use familiar foods available at the centres and 3) four factsheets addressing food safety and food handling issues. Examples of the

factsheets including a date coding fact sheet on commercial baby food and formula, canned food safety, bulk food safety and storage and repackaging practices with bulk food. Collaboration with Inspection Services ensured accuracy of the food safety resources sheets.

The issue of literacy was predominant throughout the resource development stage. All the resources were pilot-tested through the Hamilton Public Library Community Literacy Program. Several sessions were also held with key focus groups (eg. teen mother groups, staff of emergency food centres to get feedback and input into the usefulness and effectiveness of these courses. A readability index was used to score the resources with all the resources being kept at or below the 5/6 reading level. Other factors such as the involvement of pictures, word choice, print style and format were also considered.

Evaluation

A qualitative evaluation is currently being planned to assess the effectiveness of the resource material and monitor their use. Personal observation and an interviewing process will take place.

To date the project has been found to be beneficial to the various groups involved as indicated by the comments heard while visiting the centres. The emergency centres and the media have responded enthusiastically to the various interventions. The project is seen as the first steps to what could become a more community-wide program. Areas for growth include collective kitchens and community gardens.

**Be yourself. WHO else
is better qualified.**

RESEARCH AROUND & ABOUT

FUNDING RECEIVED

I Title: Best Start - Community Action
for Healthy Babies

Investigators: The Hamilton-Wentworth Best
Start Grant Application Team
includes the following DPHS
Staff:
**Van Berkel, C., O'Brien, M.,
Czerwinski, J.**

Amount: \$10,000.00

Source: Health Promotion Branch,
Ontario Ministry of Health

II Title The Impact of a Public Health
Nurse Intervention on Influenza
Vaccine Acceptance by the
Elderly: A Randomized
Controlled Trial

Investigator: **Black, M.**
(Principal Investigator)
**Ploeg, J., Hutchison, B.,
Scott, F., Walter, S.,
Chambers, L.W.**

Amount; \$47,000

Source: Health Systems Research
Ontario Ministry of Health

III Title A Systematic Overview of the
Effectiveness and Cost-
Effectiveness of Contact-
Tracing and Partner
Notification in Controlling
Sexually Transmitted Diseases

Investigators: **Scott, F.**
(Principal Investigator)
**Sellors, J., Chambers, L.W.,
Oxman, A.**

Amount: \$15,000

Source: National Health Research and
Development Program

Brief Summary: The overview involves
searching for published
literature and contacting
investigators and public health
personnel to determine if any
studies of ways of improving
contact tracing have been
completed or are in progress.

SUBMITTED FOR FUNDING

I Title: Needs Assessment of Drug
and Alcohol Education
Program in Hamilton-
Wentworth

Investigators: Johnson, R., **Van Berkel, C.,
Bone, B.**

Amount: \$10,000

Source: Health Promotion
Grants Program
Ontario Ministry of Health

Brief Summary: Seed Grant for Ontario Ministry
of Health, Health Promotion
Grants Program, on behalf of
Hamilton-Wentworth
Community Action Group
Against Substance Abuse.
Spring 1991.

INTERNALLY FUNDED

- I Title: Does Health Department screening of preschoolers in child care centres lead to improved hearing for preschoolers who receive referrals?
- Investigators: O'Mara, L. Chambers, L.W. and Isaacs, S.
- II Title: Investigating the impact of preschool immunization follow-up on improving immunization rate?
- Investitators: O'Mara, L. and Isaacs, S.
- III Title: Developing a School Assignment Protocol
- Investigators: Lickley, K., McFadden, L., Siracusa, L., Woodcox, V., Tagney, M.A., Isaacs, S.

Ziggy



PRESENTATIONS

February

Symons-Moulton, B. Discipline and Parenting. Parent Group at Buchanan Park School, Hamilton, February 26, 1991.

March

Meggison, H. Treatment of Adolescents Molested as Children. Presentation and discussion of secondary behavioral sequelae in victims of historical abuse. Child and Youth Worker Programme, Mohawk College. Hamilton, Ontario, March 11, 1991.

Borg, R. and Pezzetta, E. Adolescent Sexuality: Dealing with Issues and Behaviors. Workshop for Staff of the G.R. Force and West Lincoln Group Homes, West Lincoln, March 13, 1991.

Freeburn-Conry, E. Test Battery, Administration Results and Integration with the Students. 4th-Year Psychology Students at Redeemer College, Hamilton, March 25, 1991.

April

Ciliska, D. & Hopwood, C. Fear of Fat and the Politics of Body Image. McMaster University, Women's Health Rounds, April 19, 1991.

Metz, H. Understanding Your Teens Behavior. Panel at an Area One Board of Education School, April 3, 1991.

Symons-Moulton, B. Attention Deficit Disorder. Staff at the Big Brothers Association, April 4, 1991.

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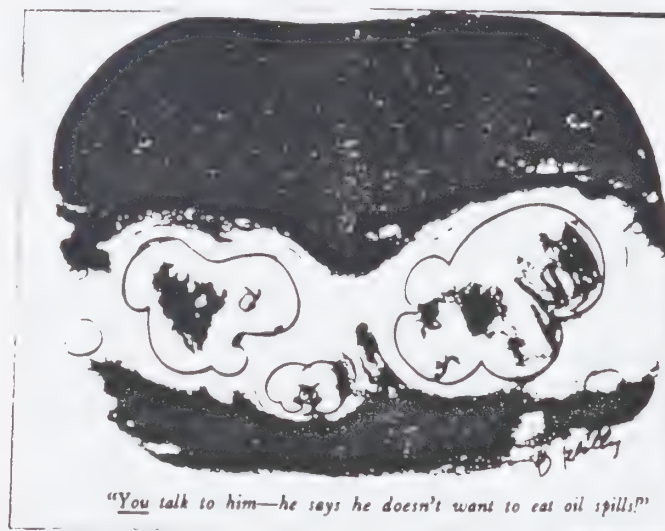
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CALENDAR OF EVENTS

Ontario Public Health Association
Health Promotion Division

10th Annual Workshop
YMCA Metro Toronto
Sept. 27, 1991

Windows of Opportunity : strategies for organizational change

Canadian Institute of Public Health Inspectors
Educational Conference
Hamilton, Ontario
October 1-4, 1991
Our Environment, Our Health

Canadian Association on Gerontology
20th Annual Conference
Toronto, Ontario
October 23-27, 1991
The Faces of Aging in a Multicultural Society

Canadian Institute of Child Health
National Conference on Childhood Injury Prevention
Ottawa, Ontario
November 6-8, 1991
Working together for a safer world

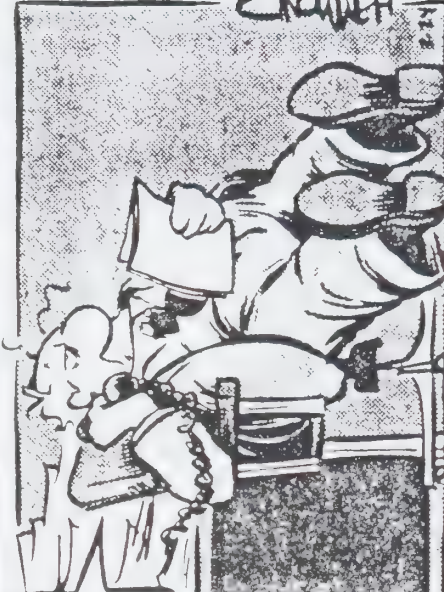
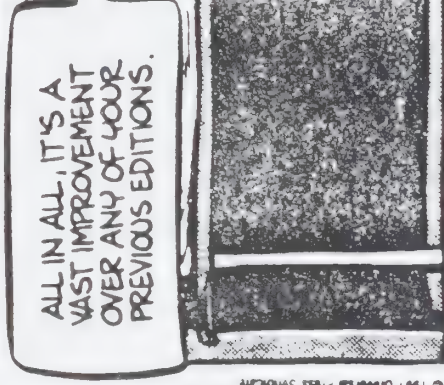
World Federation of Public Health Associations
Sixth International Congress
Atlanta, Georgia
November 10-14, 1991
Health for All - Strengthening the Role of Public Health

Ontario Public Health Association
Annual Conference
Ottawa, Ontario
November 17-20, 1991
Changing times : a time for change

44th Annual Scientific Meeting of the Gerontological Society of America
San Francisco, CA
November 22-26, 1991

International Institute of Crisis Intervention and Community Psychiatry
2nd International Conference
Hyderabad, India
February 11-14, 1992
Recent Advances in Crisis Intervention and Community Mental Health

DUFFY



R.A.P.P.O.R.T.

Report And Projects/Presentations on Research Topics

September 1991: Vol. 5, No. 3

INSIDE THIS ISSUE

EDITORS

Cathy Buffett
Elena Goldblatt

DESIGN & PRODUCTION

Carolynne Turner

AWARDS OR APPOINTMENTS

Mary O'Brien, Public Health Nutritionist, has been selected by the Canadian Dietetic Association to attend a Health and Welfare Canada Round Table of breastfeeding experts and key stakeholders on October 24-25 in Ottawa. The topic of discussion is the promotion of breastfeeding with a focus on the WHO code and the roles of the different groups in the promotion of breastfeeding.

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HAMILTON-WENTWORTH DEPARTMENT OF PUBLIC HEALTH SERVICES
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THERE ARE SIX BASIC KINDS
OF CONTRACEPTIVES. THEY'RE
ALL GOOD BUT NONE IS 100%
EFFECTIVE.



SO WHEN THE TIME COMES,
MY ADVICE IS...



... USE ALL SIX AT ONCE.



LETTER TO THE EDITOR

REPORTS FROM OXFORD

Larry W. Chambers left the Department of Public Health Services at the end of June to begin a year's sabbatical at Oxford University, in England. He will be informing R.A.P.P.O.R.T. of his research activities on an ongoing basis.

Report 1 August 1, 1991

This is my summer report from Oxford. Although I have just arrived, I have been extremely busy. My arrival was of course interrupted with the death of Roberta Labelle in the Department of Clinical Epidemiology and Biostatistics. At the same time that it has devastated us, it has pulled us more closely together.

Moving is always a challenge especially when none of your electrical plugs fit into the wall! Also, I arrived without my disk copy of WordPerfect and therefore could not communicate with the new printer.

After I sat down here to think about what will take up my time, I discovered a long list of projects in Hamilton which will continue to require my attention. It is a good thing I will be in Hamilton two more times before Christmas.

I was surprised to find that there is a newly formed Health Information Intelligence in the National Health Service. This was the name we considered for the Health Priorities Analysis Unit.

Dr. Muir Gray in the Oxfordshire Department of Public Health has been most hospitable. In addition to helping out with my personal matters, he has

gone out of his way to put me in touch with key individuals here who will be invaluable for my work on community health measurement. In addition, he is involving me in needs assessments for hospital services and continuing education programs for health care managers. We are planning a Canadian Public Health Association sponsored workshop and study tour in Oxford in 1992. More will be announced about this in the CPHA Digest.

* * * * *

Report 2 October 2, 1991

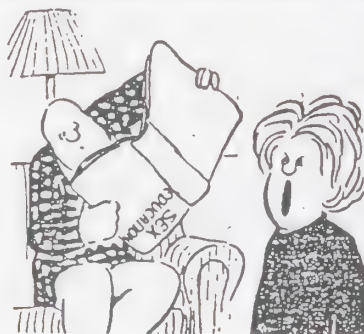
One quarter of my research leave is now over! After a fine visit with my family here during the month of August, September was extremely busy. It started with catching up on my projects in Hamilton during the first week.

Then I attended the European Congress on Gerontology which was attended by 2,000 delegates. I presented our work on the prevalence of musculoskeletal disease. I also met at the Congress friends who had come from Copenhagen and who I had worked with during 1984-1985 at the University of Copenhagen's Institute of Social Medicine and the European Office of the World Health Organization.

Later in September at a two day European Forum in London on "Key Issues in Assessing Quality of Life" supported by the Centre for Medicines Research, I gave a presentation on "A review of key instruments--general versus disease specific". I am now preparing this for publication in a peer-reviewed journal.

In between presentations outside Oxford and recovering from jet lag, I am learning a great deal about the practice of population-based health promotion in England. The latest thrust of the National Health Service (NHS) is to put public health at the forefront. Regional and district health authorities, which have in the past concerned themselves only with fiscal monitoring and control, are now required to use community health status information to decide on new and existing hospital and community programs. This has created a high NHS demand for adult educational approaches to learning about epidemiology focusing on topics such as: measuring needs; appraising options; understanding articles on efficacy, effectiveness and efficiency; scanning the literature; identifying outcomes; and, understanding appropriateness.

John Kenneth Galbraith said that there was nothing the decision maker liked so little as to be well informed, because it made decision making so difficult. As NHS health authorities here dive into using community health status information, they are finding their life much more difficult, but they are also finding an even greater need for population-based health promotion including applied epidemiology.



"Forget it! I'll ask Mom."

IN THE NEWS

AIDS

Excerpts from an article in the
Hamilton Spectator August 24, 1991

Why we wrote this story:

You have been mislead about AIDS. By government, community groups and by the media - including this newspaper.

Over the last 10 years you've been told a story of a deadly disease that is an imminent threat to everyone, not just certain high-risk groups.

Critics say the media forgot to ask hard questions; that advocacy groups welcomed homogenized risk; that governments misled us all. We are all guilty together.

This series attempts to set the record straight. We are not saying AIDS is no risk to most Canadians, just that people should know the true scope of it. We are not saying people should stop using condoms; they protect against disease and unwanted pregnancy as well as AIDS.

We are also not saying people with AIDS are unimportant. We feel strongly that funding should be aimed at those in need, and the afflicted be cared for. The AIDS risk is not shared equally, but our compassion must be.

The Federal government has consistently mislead Canadians about the risk of getting AIDS and continues to do so, say a University of Western Ontario professor and a Toronto epidemiologist.

Ten years into the AIDS epidemic in Canada, there is no evidence the disease has moved beyond the fringes of high risk groups, they say.

ON THE LOCAL SCENE

There were multiple responses to this series from across the country including Toronto, London, Ottawa and Montreal. The following is our own response which was published in the Hamilton Spectator on September 21, 1991:

Preventing AIDS' spread

Three Hamilton area groups respond to Spec series AIDS: The Big Lie

Word must reach everyone

By VICKI SMYE

FROM THE time AIDS was first recognized as a communicable disease, and in the absence of a vaccine or a cure, prevention initiatives and health promotion activities have been given priority by public health AIDS programs and other community agencies and groups working in the AIDS arena.

AIDS is caused by the Human Immunodeficiency Virus (HIV) which is transmitted via blood semen and vaginal fluids (breast milk has also been implicated in transmission of the virus). The virus must gain entry into the blood in order for infection to occur and thus sexual intercourse and the sharing of needles and syringes constitute risk behaviors. A woman can also transmit the virus to her unborn child in utero or during delivery.

Since 1985, in Canada, blood used for transfusion has been screened for the presence of the virus in order to ensure the safety of blood and blood product recipients.

Public health prevention campaigns have focused on HIV risk reduction strategies including promotion of safer sexual and needle drug use practices.

Campaigns promoting the use of condoms and needle exchange programs are increasing in number across Canada as well as anonymous testing sites (which are designed to encourage more individuals to be tested). Health promotion strategies include education, counselling and community-oriented initiatives.

General campaigns

Campaigns target the general population as well as "high-risk" groups because of the fact that high-risk groups are difficult to define and live within the community at large. AIDS *does not* discriminate: if you are engaging in high risk behaviour and the virus is present, whether or not you are gay or heterosexual, male or female, black or white, there is some measure of risk.

Prevention initiatives which focus exclusively on "gay community" or intravenous drug users neglect the health of the *entire* community.

Many men who have sex with men do not identify themselves as gay, and as such, do not live in the "gay community", whatever or wherever that is. Intravenous drug users also are not a homogeneous group. For example, there are youths who experiment with intravenous drug use and do not meet the stereotype regarding drug users; ie. they may attend university or college and live in a family.

Also we do know that women in this community have been infected with the virus through vaginal sex and that there is at least one infected male whose only risk factor was that he had sex with an infected woman.

Although relative risk would appear to be significantly lower regarding heterosexual transmission of the virus, in Canada, heterosexuals are infected and need to understand the issues relating to HIV transmission.

A significant problem in determining actual risk of heterosexual transmission is the fact that we do not have accurate statistics. It is irresponsible to suggest that the community is being misled by educators who teach that risk of infection is present in the heterosexual community. Those who suggest it is not present in this population are naive about the sexual and needle use practices of heterosexuals.

Public health education campaigns tend to combine approaches. In all groups targeted, whether or not they are high-risk, the focus is to educate the population regarding risk behaviors and factors which may increase risk of infection, such as the presence of another sexually-transmitted disease.

Condom campaigns are one of the strategies which target the general population as well as "high-risk" groups relating to reducing the risk of transmission of HIV and other sexually-transmitted diseases. For example, if everyone in the community who has multiple partners wore a condom every time they had sexual intercourse, the number of HIV-infected individuals would be about 10 per cent of what it would be otherwise (latex condoms used with a spermicide are considered 98 per cent

effective and without a spermicide are considered 88 per cent effective when used as a contraceptive).

When risk is reduced, the burden of illness is reduced, and so is the cost associated with disease being prevented. Health and Welfare Canada, in 1990, estimated the direct cost for each person living with AIDS to be about \$85,000 per year (in 1988 dollars). This figure does not take into account mental health and social services.

The public health approach is to look at the impact of HIV/AIDS on the well-being of the whole population, not only the individual's risk.

Vicki Smye is sexual health nursing supervisor with the AIDS Team, Regional Municipality of Hamilton-Wentworth Department of Public Health Services. She wrote this in collaboration with the team and with the support of the Halton Regional Health Department.

The complete series that appeared in the Spectator as well as the many responses to the article are on file in our library.



MEET THE PEOPLE

JUDY SHEESHKA, R.P.Dt., B.H.E. COMMUNITY NUTRITION CONSULTANT DIVISION OF NUTRITION SERVICES

Please tell us about your previous experience.

I completed my undergraduate degree at University of British Columbia, and then worked there as a sessional lecturer teaching experimental foods labs. In 1983, I returned to school to complete an undergraduate nutrition programme and meet course requirements for the Canadian Dietetic Association. I then moved to Ontario in 1986 to complete a dietetic internship programme at the Ottawa Civic Hospital. Following that, I worked for one year at Peel Memorial Hospital as a clinical dietitian in pediatrics and obstetrics. I entered Graduate School to learn more about community nutrition and nutrition education.

What activities are you presently involved with?

My priority is finishing my doctoral dissertation at the University of Guelph. I began working one day per week with the Department of Public Health Service on July 1, 1991. Upon completion of my PhD, I will be at the DPHS approximately three days per week and be on campus at Guelph for the remaining two days.

Would you please explain how unique your position is.

This position is unique in the field of Nutrition in Canada as its primary purpose is to facilitate community based research practice. I will provide consultation to the public health nutritionists with respect to funding proposals, methodological and evaluation issues, and will assist in the development of the Mandatory Health Programmes. I am now sitting on the

Ministry of Health's Healthy Lifestyles Model Programme Advisory Committee for nutrition and physical activity promotion for children ages one to twelve. A large part of my role will involve interdisciplinary research collaboration and establishing links between the University of Guelph, McMaster University, and the Teaching Health Unit.

Another unique aspect of this position is that I am an employee of the University of Guelph but the funding for this position originates from the Ministry of Health.

What are your research interests?

I am conducting my PHD studies in worksite nutrition promotion with a special emphasis on psychosocial factors which affect nutrition behaviours. I have strong research interests in "point-of-purchase" nutrition education strategies such as "Supermarket Safari", which is an excellent example of how to teach individuals about nutrition within the supermarket. Other interests include nutrition education theory, qualitative research methods and evaluation research. For example, I plan to assist in evaluating breastfeeding promotion pamphlets to determine how effective the materials are in changing knowledge and practices. By conducting this type of evaluation research we can identify any gaps in the information made available to the public and assess the impact of our interventions.

What challenges and opportunities will you be facing in your new position?

Time management, working out of two cities and overall organization will present my most significant personal challenge. The position will give me a wonderful opportunity to conduct and publish research and gives me a real opportunity to collaborate with innovative, competent and highly energetic professionals.

FOCUS 1

A PUBLIC HEALTH POLICY ANALYSIS OF THE DIAPERING ISSUE

Sandy Isaacs
Health Analyst

Hamilton is witness to a fairly proactive movement within the City of Toronto advocating for the use of cloth diapers. They have accepted the use of disposable diapers as an environmental and potential health hazard. Child care centers and hospitals are a target group for encouraging the use of cloth diapers as these are seen as role models for the community.

Lobby groups against this movement have included disposable diaper manufacturers, adult nursing homes who argue for the human dignity of their patients, and hospitals who are concerned about the acceptability of cloth diapers to their nursing staff.

Even with the current trend towards use of cloth diapers, market analysts still estimate that between 75 and 85 percent of babies are diapered in disposable diapers.

There are strong arguments to suggest that disposable diapers are an environmental hazard, though not an immediate health risk in their day to day use^{1,6}. Disposable diapers affect the environment by depleting forest and petroleum resources, (4.5 trees used per child) and by adding to environmental pollution during manufacturing.

Disposable diapers take approximately 200 years to decompose, and account for 2 to 2.9% of the residential waste stream, (biodegradable diaper manufacturers are claiming 6 years to decompose). Assuming there are 10,000 babies 2 years of age and under, 85% of whom use disposables, multiplied by 2,500 diaper changes per year gives an estimate of 21 million

disposable diapers used in one year in this Region alone.

There is some expressed concern about the faecal contamination of landfill sights due to disposable diapers with the possibility of leakage into the ground water. Another concern is the possible health risk to landfill workers. Neither concern has been substantiated.^{1,6}

As a counter-argument to the environmentalists, manufacturers refer to the energy consumption required to wash and dry diapers. In addition, they argue that air emissions are released, including dioxin, due to the laundering process. There are fewer emissions and less energy used per diaper when using a commercial diaper laundering service.¹

There is little evidence to suggest that disposable diapers pose any immediate health risk to the infants using them.⁶ Exposure of infants to dioxin in disposable diapers is minimal if at all. There is limited literature supporting the argument that components of disposables may present an irritation to some infants' skin. There are a few documented cases over the years where infants have swallowed plastics from disposables.⁴ On the other hand, many researchers (often supported by grants from manufacturing companies) claim a drier, healthier environment for the infant using disposables - they stay dryer longer and therefore are less apt to develop diaper rash.⁵ This appears to be more true for infants already prone to dermatitis.

Consumers still demonstrate a preference for disposables most likely because of their convenience:

- less labour (washing, drying, folding, carting, flushing and rinsing of soiled diapers). This is a particular problem for parents without their own laundry facilities, and/or who may not be able to afford diaper services.

- seen as more sanitary; aversion to flushing and rinsing.
- better performance; diapers need to be changed less frequently.
- no diaper pail odour.

Disposables are in fact a response to the demands placed on women and mothers, many of whom are in the labour market and being asked to fulfil a multitude of roles. Convenience without compromise to the wellbeing of their children becomes a priority. It becomes important for agencies not to add to the guilt felt by many mothers who just haven't the time to do it all perfectly! Diaper services are a partial answer though the actual handling of diaper changing does remain more convenient with disposables and is required to be done less frequently. At the same time, some parents may equate the use of cloth diapers to the added laundry burden without having an understanding of what a diaper service can offer.

In fact, costs between a diaper service and the use of disposable diapers are generally comparable, with home laundering being the least expensive.¹ Locally, initial layout costs for diaper services range from \$40 to \$120, with weekly pick up and delivery ranging from \$13 to \$22.

The use of cloth diapers does pose a labour issue for institutions - hospitals, child care centers, and nursing homes. In order to ensure skin integrity, diaper changes generally need to occur more frequently with cloth diapers. Also, diaper changing takes longer if using pins and plastic pants. Even with snap or velcro fastened diapers, a second outer plastic or water-proof layer generally needs to be applied.

Toronto conducted a 3 month study on the use of cloth diapers in a selected day care.² Their focus was on the incidence of diaper rash and diarrhoea among the day care children in diapers. Limitations of their study included a small sample size, and lack of information on the occurrence of diaper rash within the day care

prior to the beginning of the study. Their results showed an incidence of diaper rash which fell within a normally acceptable range as taken from the literature, and a statistically insignificant increase in the incidence of diarrhoea. Their own literature review demonstrated a greater chance of environmental faecal contamination when using cloth instead of disposable diapers in child care centers. However, this did not follow with an increased incidence of diarrhoea. Weighing this evidence against the evidence of environmental hazard, the Toronto Department of Public Health continues to advocate for the use of cloth diapers in child care centres, adding that **strict hygiene practices be adhered to, and that disposables be used for children susceptible to dermatitis, or during an outbreak of diarrhoea.**

Various things are currently happening in response to the controversy over disposable diaper use. Manufacturers are attempting to be more environmentally responsible - developing biodegradable products, discontinuing the bleaching process of pulp, using less pulp per diaper, and becoming involved in reforestation and municipal composting.

"Better" cloth diapers are being developed - pins are no longer necessary, different materials are being used to improve absorbency of cloth diapers, and contour designs are being improved for better fitting to prevent leaking.

Diaper Services are also on the increase. One point of caution here. Currently no regulations exist within the Hamilton-Wentworth Region on the operation of diaper laundering services. Cleaning standards can vary among services. Reputation and experience seem to be the key determinants for selecting a good diaper service. Accreditation from the National Association of Diaper Services is a point to consider when selecting a commercial service. Beware of out of home laundry services. Domestic washers and driers are ineffective for ensuring appropriate sanitization of diapers when mixing the laundry of different households.³

In conclusion, we as health professionals, have the responsibility to ensure that parents, as well as agencies, understand their options when questioning what type of diapering method they will use. In terms of environmental impact, cloth diaper services do seem to be the best alternative. There is less labour involved compared to home laundering although there may be other inconveniences not experienced with disposable diapers. If cost is the issue, then home laundering may be the choice. Diaper services and disposable diapers are equally more expensive over a 2 and 1/2 year period. What ever the parents' choice, as long as it is informed and reasonable within their own circumstance, let's respect it.

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FOCUS II

U TOO TEEN THEATRE PROJECT

Paul Stolee
Project Evaluator

Interim Evaluation Report - Executive Summary

The "U TOO Teen Theatre Troupe Project" was developed to provide outreach education on social and health issues, targeted mainly to adolescents. Teens research, write and perform a play based on a social or health topic. U TOO is a joint project of the Hamilton-Wentworth Department of Public Health Services and the Planned Parenthood Society of Hamilton and involves the participation of many community agencies and individuals. The Spring 1991 project focused on AIDS, and was undertaken as a community program in collaboration with the Hamilton AIDS Network for Dialogue and Support (H.A.N.D.S.). In this project, a play called **Reality Check - A Show About AIDS With An Attitude** was developed and performed by student volunteers from Hamilton-Wentworth. The major goal of U Too is to increase adolescents' ability to make informed decisions appropriate to their growth and development in relation to health (including sexual health) and social issues.

An evaluation of this project has been completed, using a variety of methods and sources of information to address the major objectives and issues of the U TOO project.

U TOO gave performances in four schools in Wentworth (the Hamilton Public Board of Education and Hamilton Separate Board declined participation) and also gave five public performances. A performance was also given at Arrell Youth Centre, a youth detention facility. In total, approximately 1500 students saw the show at school performances and over 400 attended

the public shows. Attendance at the public shows met or exceeded expectations. A videotape of the play has been produced and will be available through H.A.N.D.S.

Audience response to the play was overwhelmingly positive, with over 80% of respondents at school performances, and over 90% of respondents at public show, rating the performance as "Very Good" or "Excellent". Over 20% of respondents reported having learned "A Lot New" about AIDS or AIDS prevention. A pre-post true/false knowledge test was administered at four schools and at one public performance and showed a modest increase in knowledge of AIDS, primarily in information related to the content of the show. The post test was administered immediately or a few days post performance. An independent samples t-test was used for analysis of most pre and post measures and it was considered that any statistically significant ($p < 0.05$) change in average score would be considered important.

Following performances, many issues were raised in discussions between audience members and the troupe. Troupe members found U TOO to be a very positive, if at times stressful, experience.

The U TOO project and performance was well received, allowed many important issues to be raised and showed that this type of program can be useful in providing information about a health and social issue. A number of issues have been identified for consideration in future U TOO projects.

A U TOO Co-operative education project currently is underway in collaboration with the Hamilton and Wentworth Public Boards of Education, and will also be evaluated.

“

Never go to a doctor whose
office plants have died.

”

FOCUS III

THE STRENGTHENING COMMUNITY HEALTH PROGRAM - A NATIONAL LOOK

Pat Elliott
**Chair, CPHA Strengthening Community
Health Program Advisory Committee**

The Strengthening Community Health Program is a national program that was initiated in 1988. The focus of this program has been to enable communities to define their health issues and solutions, and to put those solutions into action.

A number of significant events set the stage for the funding of this program. The First International Conference on Health Promotion in 1986 with the declaration of the **Ottawa Charter for Health Promotion** identified strengthening community action as one of the health promotion strategies. At the same conference Health and Welfare Canada released the document **Achieving Health For All: A Framework For Health Promotion** identifying strengthening community health services as one of the implementation strategies for health promotion. Following these releases CPHA conducted a series of cross-Canada community consultation workshops to bring together health professionals and community representatives to identify how to strengthen community health services. This led to the 1987 release of the report **Strengthening Community Health Means Strengthening Communities**.

As a result of these events, the Canadian Public Health Association (CPHA) received funding for the Strengthening Community Health Program proposal through Health and Welfare Canada for a three year period ending March, 1991.

With the funding CPHA formed a Community Health Secretariat to address the recommendations from the 1987 report and to

provide guidance, support, and resources to the provinces. Seed money was made available to provinces to initiate activities in their areas to strengthen community health across Canada.

The program was launched at the first meeting of federal and provincial participants in September of 1988. From this meeting delegates returned to their provinces to engage others from inside and outside of the health field in talks about what it means to strengthen the health of their communities and what they could do about it.

After ten months of discussions across the country, program participants were brought together. Using a consensus process the mission statement, areas of emphasis, and the guiding principals for the program were developed.

Mission Statement

To contribute to the development of healthy communities by recognizing and encouraging identification of health issues and linking cooperative efforts to take action.

Areas of Emphasis

Co-action: To foster collaboration among groups and organizations in strengthening community health

A community agenda for health: To stimulate public and political action, based on a broad definition of health

Community control: To promote collective action for community control over decisions that effect health

Guiding Principles

Health is a fundamental human right.

Efforts to improve health must recognize the social, cultural, economic, and environmental aspects of the community.

Communities have the right and the responsibility to make informed decisions regarding their health and must be supported in assuming ownership and control over such decisions.

Policy planning, program development and service delivery must involve the community and reflect needs as identified by the community.

Both government and non-government sectors must be accountable for the health impact of their policies and action.

Responsibilities for health must be shared by all sectors of the society and must be exercised through collaborative efforts.

The mission statement, areas of emphasis, and the guiding principles define the community development process which formed the basis for this program.

During the second year of the program communities started to take action. Based on communities defining their needs and solutions, the program took on a variety of shapes across the country. For example Nova Scotia formed a Health Action Coalition of groups and individuals from all parts of the province to help people participate in making decisions about their health and the health of their communities. British Columbia merged the Strengthening Community Health Program and the Healthy Communities Program to create a network to assist in collecting and disseminating information and to help communities get new initiatives launched.

A national evaluation was conducted which showed that this program provided a good

return on investment with respect to federal funds. With the seed money made available many other community resources were mobilized which resulted in a significant amount of action across the country. The evaluation also showed that the flexibility and support for communities to determine the shape of the program in a way appropriate for their area has been one of the programs greatest strengths.

As the program participants looked to the future of the program it was felt that Strengthening Community Health and Healthy Communities, two programs with similar philosophies, should merge at the national level and a national steering committee should be formed with field representation and decision making power.

As a result, a joint proposal was submitted for funding to Health and Welfare Canada in February, 1991. However, the funding is not available to support the continuation of these initiatives in the fiscal year 1991-1992.

With the momentum and commitment to the Strengthening Community Health/Healthy Communities initiatives that have been created across the country activities are continuing. Also, a national networking group of participants from both programs will continue to discuss new ways of moving these programs forward.

RESEARCH AROUND & ABOUT

FUNDING RECEIVED

I Title: Public Health Nurse Home Intervention to Reduce the Recurrence of Child Abuse & Neglect (A Pilot Study)

Investigators: Thomas, H., MacMillan, H.

Amount: \$49,000.00

Term: September 1991 - May 1992

Source: Ontario Ministry of Health

II Title: Health System-Linked Research Unit: Health & Social Service Utilization for People with Chronic Conditions

Investigators: Brown, G., Watt., Roberts J., Gafni, A., **Byrne, C.**

Amount: *2,229,849.00

Term: July 1991 - July 1996

Source: Ontario Ministry of Health

* This grant has been awarded to McMaster University. The Hamilton-Wentworth Department of Public Health Services is a partner in this project.

III Title: A Health Promotion Evaluation Program for the Chronically Mentally Ill in the Community

Investigators: **Byrne, B., Brown, B., Voorberg, N., MacKinnon, S., Schofield, R.**

Amount: \$2,500.00

Term: April 1991 - April 1992

Source: Hamilton Foundation
McGregor Clinic Fund

“
You never have to
explain something you
haven't said.
”

PRESENTATIONS

June

Sheeshka, J. and Woolcott, D. An Evaluation of a Demonstration Worksite Nutrition Promotion Program. Annual Meeting of the Canadian Dietetic Association. St. John, New Brunswick, June 17, 1991.

Lickley, K. and Wiggins, R. School and Preschool Vision Screening. Mr. Rick Wiggins OD is a Professor, School of Optometry, University of Waterloo. Seminar to Central West Nursing Staff. University of Waterloo, Waterloo, June 19, 1991.

Gibson, B. Environmental Programs for the 90s. Presentations to 1991 A.L.O.H.A. Annual Conference. Minaki, Ontario, June 22-26, 1991.

July

Sheeshka, J. and Woolcott, D. Testing a Model to Predict the Intention to Adopt Healthy Eating Behaviours. 24th Annual Meeting of the Society for Nutrition Education. Miami, Florida, July 10, 1991.

August

Gibson, B. Role of the Department of Public Health Services. 1991-92 Academic Half Day Program for Family Medicine Residency Program. North Hamilton Community Health Centre, Hamilton, Ontario, August 28, 1991.

September

Chambers, L. A Review of Key Instruments--General versus Disease Specific. European Forum on "Key Issues in Assessing Quality of Life" supported by the Centre for Medicines Research. London, September, 24, 1991.

PUBLICATIONS

Underwood, E.J., Woodcox, V., Van Berkel, C., Black, M., Ploeg, J. (1991). Organizing Public Health Nursing for the 1990s: Generalist or Specialist. Canadian Journal of Public Health. 82(4), 245-248.

Chambers, L.W., Reynolds, D.L., Gerencser, J., Badley, E., Tugwell, P., Bennett, K.J., Torrance, G.W., Goldsmith, C.H. (1991). Prevalence of Disabling Musculoskeletal Disease among Seniors. Revista Espanola de Geriatria ya Gerontologica. 26(1), 60.



CALENDAR OF EVENTS

Canadian Association on Gerontology
20th Annual Conference
Toronto, Ontario
October 23-27, 1991
The Faces of Aging in a Multicultural Society

Canadian Institute of Child Health
National Conference on Childhood Injury
Prevention
Ottawa, Ontario
November 6-8, 1991
Working together for a safer world

World Federation of Public Health Associations
Sixth International Congress
Atlanta, Georgia
November 10-14, 1991
Health for All - Strengthening the Role of Public
Health

Ontario Public Health Association
Annual Conference
Ottawa, Ontario
November 17-20, 1991
Changing times : a time for change

44th Annual Scientific Meeting of the
Gerontological Society of America
San Francisco, CA
November 22-26, 1991

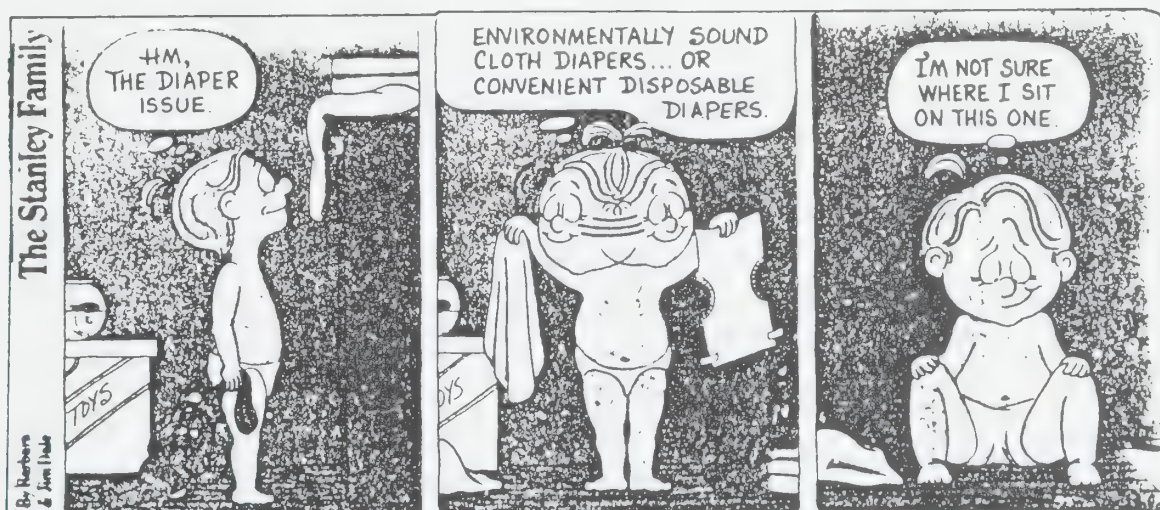
International Institute of Crisis Intervention and
Community Psychiatry
2nd International Conference
Hyderabad, India
February 11-14, 1992
Recent Advances in Crisis Intervention and
Community Mental Health

Canadian Public Health Association
2nd National Conference on Immunization
Toronto, Ontario
May 4-6, 1992
Immunization : issues and priorities

14th Annual Guelph Conference of Sexuality
University of Guelph
June 15-17, 1992
Sexuality : new visions

Canadian Public Health Association
83rd Annual Conference
Yellowknife, Northwest Territories
July 6-9, 1992
The Environment and our Health : a question of
survival
All abstract submissions must be received by
Jan. 15, 1992

Community Health Nursing Research
1st International Conference
Sponsored by the Edmonton Board of Health
Edmonton Convention Centre
September 27-29, 1993
Call for Abstracts : January 1992





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Teaching Health Unit
COMMUNITY HEALTH WORK-IN-PROGRESS ROUNDS

DATE	SPEAKER	TOPIC
October 7, 1991	Linda O'Mara	"Child Care Center Survey"
November 4, 1991	Kim Sheppard Colleen Van Berkel Alba Mitchell	"Comparison of Public Health Liaison Nurses and Staff Nurses in Discharge Referrals of Postpartum Patients for PHN Follow-up"
December 2, 1991	Jenny Ploeg	"Impact of a Public Health Nurse Intervention on Influenza Vaccine Acceptance and Safety by the Elderly: A Randomized Controlled Trial"
January 6, 1992	Vicki Woodcox	"Job Satisfaction"
February 3, 1992	Dr. Leslie Van Dover	"A Profile of Birth Control Clinic Clients in Hamilton-Wentworth, Phase II"
March 2, 1992	Dr. Victor Neufeld	"Health of the Public Project"
April 6, 1992	Dr. John Sellors	"Chlamydia Risk Screening of Women Attending Birth Control Clinics"
May 4, 1992	Helen Thomas	"Study to Evaluate the Effectiveness of Standardized Instruments in Collecting Data About Child Development and Family Intervention"
June 1, 1992	Nancy Voorberg	"Effects of a Sexuality Health Promotion Group for Individuals with Psychiatric Disabilities"

R.A.P.P.O.R.T.*Report And Projects/Presentations on Research Topics*

December 1991: Vol. 5, No. 4

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EDITORSCathy Buffett
Elena Goldblatt**DESIGN & PRODUCTION**

Carolynne Turner

**LETTER FROM
THE EDITORS**

We apologize for the lateness of the last issue of R.A.P.P.O.R.T. in 1991.

The 1991 Annual report of research activities within the department has been included as a Focus article. The "In the News" traces the media coverage of the recent "outbreak of public concern" regarding meningococcal disease in Ontario and Quebec. We would be pleased to publish any letters from readers detailing your viewpoints about this issue.

Best wishes for 1992!

Cathy Buffett
Elena Goldblatt**AWARDS OR
APPOINTMENTS**

Rosemary Hilbert received a Community Achievement Award during the recent Drug and Alcohol Awareness Week in recognition of her substantial contribution and leadership in developing and improving addiction services for women. Presented by the Addiction Research Foundation.

John Bakti has been appointed the Chairman of the Dental Health Month in 1992 for the Province by the Communications and Public Education Committee (CAPE).

Brian Gibson became a member of the Steering Group of the Institute of Environment and Health, McMaster University and the University of Toronto in October, 1991.

Grant Corbett has been reappointed (1991-94) as Assistant Clinical Professor (Psychiatry). Additionally, Grant is teaching a course series for the Addiction Studies Programme, Centre for Continuing Education, McMaster, entitled "Assessment and Treatment of Addictive Behaviours".

Andrea Were joined the Alcohol & Drug Assessment Services in April 1991. She completed her MSW at Wilfred Laurier University in 1987 concentrating in community development and social planning. Prior to April 1991, she was on contract in the Office of the Premier and the Women's Health Bureau, Ministry of Health. Her interests include women's health, maternal-newborn care, senior and multi-cultural health.

Kim Thomas is currently Coordinator of the Native Networking Team and a member of the Native Women's Planning Committee. She is researching the needs of Hamilton-Wentworth Native People in regard to substance abuse and family violence.

Rosemary Hilbert is currently Chair of The Women's Treatment Services Subcommittee of the District Health Council's Addictions Committee. The goal of this subcommittee is to serve as a vehicle through which the women's committee can respond to the Addictions Committee with their opinion and experience of need. Rosemary presented A Report on Treatment Needs for Substancing Abusing Women in Hamilton-Wentworth (Section I) on December 3 1991 to the Addictions Committee. Section II will be presented to the Committee in January 1992.

LETTER TO THE EDITOR

REPORT FROM OXFORD

Larry W. Chambers
(Teaching Health Unit Coordinator
On Research Sabbatical
June 1991 - June 1992)

Report 3

December 1991

The first six months of my research leave has now ended. Research leave is a time for reflection, renewal, completion of projects and planning new projects. Here is a short report on my progress on these fronts.

From a distance, the research orientation of the Department of Public Health Services is more salient. The health agencies with whom I have been in contact in England do not place the same value on research. Of course they have not the library facilities which exist in Hamilton-Wentworth. But even more importantly, there is not the integration of critical appraisal activities by all levels of staff using the library resources to assess need for new programs, monitor their operation and evaluate their impact. These are activities which we have established in Hamilton-Wentworth and we should cherish this and foster it further.

The opportunity to observe and to interact with public health professionals in another country is very stimulating. For example, I discovered the book by Seymour and Ashton entitled "The New Public Health" which describes and evaluates the healthy cities project in the City of Liverpool. In Hamilton-Wentworth we are ahead of Liverpool in many ways but this book clearly outlines the breadth of activities which should be considered by Hamilton-Wentworth in pursuing the new public health.

Community health and community health research occurs over long periods of time--two plus years at least. Thus, many (a baker's dozen on last count) of the Hamilton-Wentworth projects with which I am involved are continuing during my research leave. The projects are doing fine even though I am not here all the time. I am very fortunate to be working with such competent and dedicated people in Hamilton-Wentworth.

The determinants and measurements of the quality of life of communities is presently my focus for my future activities. This focus was advanced in November when I collaborated with the Buckinghamshire District Health Authority in exploring approaches to community health priority setting using up-to-date community health information. Also, in December, I participated in a workshop entitled "Workshop on Quality of Life/Health Status Surveillance Methods for States and Communities". The workshop consisted of 15 US experts on measurement Centres for Disease Control. However, a challenge which has not fully been explored by these groups is the nurturing of a partnership with lay persons and people in other sectors than the health sector. This partnership must both involve these people in community health priority setting and also facilitate their access to community health information/data; a challenge we should address in Hamilton-Wentworth!



IN THE NEWS

MENINGOCOCCAL MENINGITIS

A dance at Ottawa's Hillcrest High School on Friday may be the link to an outbreak of a bacteria that killed two students and is suspected in a third teen who is in hospital. Meanwhile, the regional health department was appealing for calm. "This is not a panic situation," said Dr. Ian Gemmill, the region's associate medical officer of health. He said there is no need for immediate family and close friends of those who attended the dance to receive antibiotics.

The Spectator December 12, 1991

Hundreds of students will be vaccinated today as health officials expand their campaign against an infection that killed two students this week. Health officials said the vaccinations are being administered as an added precaution against the disease. Only people previously identified as being at risk need to be vaccinated, said Dr. Ian Gemmill, the Ottawa-Carleton associate medical officer of health. This includes all staff and students that may have been in contact with the teenagers who fell ill.

The Spectator December 13, 1991

About 6,400 students as well as staff at high schools in St. Jerome, Quebec will be vaccinated against bacterial meningitis. Health officials confirmed three cases at two schools in St. Jerome. Antibiotics were administered to about 800 students but the decision to expand the vaccination process is being taken as a precaution. Large-scale vaccination is appropriate under the circumstances, said Dr. Yves Robert of the provincial health and social services department.

The Spectator, December 18, 1991

Another Ottawa high school student has died of meningococemia, a form of blood poisoning that killed two Ottawa high school students last week and sent two others to hospital. Amid the latest tragedy, health officials were again appealing for calm. "We're not in a dangerous situation in our community" said Dr. Ian Gemmill. Emergency clinics have been set up at Lisgar High School where the student attended to provide precautionary antibiotics and vaccines for more than 1200 students and staff.

The Spectator December 19, 1991

Some nervous and angry parents in Ottawa want health officials to provide all area high school students with vaccines against a deadly infection. But officials say they have no plans to provide blanket inoculation as was done in St.-Jerome, Quebec. Ontario health ministry officials say the Ottawa-Carleton health department has already taken extraordinary measures against the meningococcal bacterium that has killed three Ottawa teens. They are well aware of the pressure to expand coverage but at the moment they don't feel that's necessary.

The Spectator December 20, 1991

Four schools in the Hudson area near Montreal will not open today as a precautionary measure following the death of a 16-year-old girl from meningitis. While people who had come into contact with the girl have received antibiotics, a public health official has ruled out a mass immunization campaign.

The Spectator January 6, 1992

Hundreds of parents in Hudson, Quebec concerned over the possible spread of meningitis crammed into a high school gymnasium to demand answers from provincial and health officials. Some have called for a mass immunization program as a preventive measure. Parents also besieged the Hudson medical centre and its phone lines yesterday, angered by what they perceived as the failure of

health officials to act. "Fears of a meningitis epidemic are unfounded", said Paul Gully, an epidemiologist at the Laboratory Centre for Disease Control, Ottawa. Mass immunization is appropriate only in epidemic situations and this is no epidemic. The number of cases nationwide fell from 426 in 1990 to 380 in 1991.

The Spectator January 7, 1992

There have been no cases of the deadliest form of meningitis in Hamilton-Wentworth during this latest country-wide outbreak. A senior medical consultant in the disease control service of the Ministry of Health, Dr. Monica Naus, suggested in a recent memo to medical officers of health that much of the present hysteria is being fuelled by media reports and public fears. Cathy Buffett, the region's communicable disease supervisor, said that while meningitis shouldn't be dismissed, the problem is small compared to other health and social concerns and its overall prevalence is quite low.

The Spectator January 8, 1992

Public health officials are becoming frustrated with their inability to dispel what they see as really exaggerated public concern about meningitis. They are also baffled about why each new case of meningitis is receiving widespread publicity, when hundreds of cases that occurred annually in past years didn't make the news at all. In the past month there have been 11 deaths from meningitis in Canada but it is not something that is a major public health concern.

The Spectator January 9, 1992

Quebec health officials said yesterday they will take no special measures to deal with the meningitis outbreak despite the deaths of two more people yesterday and a growing state of alarm among parents and young people. Although the number of meningitis cases in Quebec is up 50 per cent over last year, a mass

vaccination campaign is out of the question and unnecessary, said Dr. Pierre Lavigne, the province's chief epidemiologist. Family physicians, travel clinics, hospitals and state health departments in nearby New York and Vermont have been inundated with calls from West Quebec and Eastern Ontario. Health and Welfare Canada has granted permission to Connaught Laboratories to import thousands of extra doses from a U.S. subsidiary.

The Globe and Mail January 10, 1992

For four weeks, Ottawa-Carleton health officials repeatedly reassured the public mass inoculation against meningococcal disease was unnecessary. Today, the health department is gearing up for what's being described as one of the biggest emergency vaccination programs in Canadian history. Ontario health minister Frances Lankin said one of the key reasons behind the decision to undertake mass inoculations is that the outbreak has been in clusters and the fatality rate has been higher than the normal one-in-10 cases.

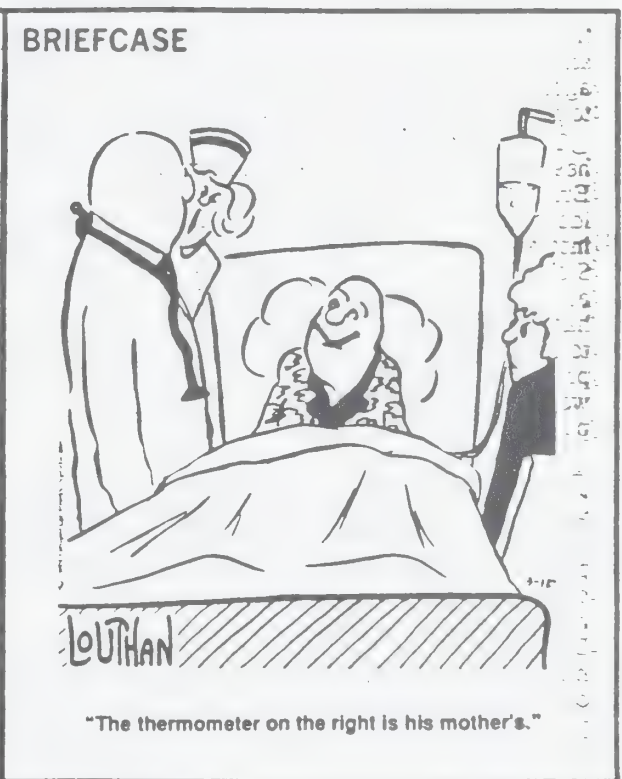
The Spectator January 13, 1992

The launching of the largest anti-meningitis immunization program in Canadian history may not provide complete protection against the disease but it is the right thing to do at the right time, experts said yesterday, if only to quiet public concerns. "One of the functions of public health is to reassure the public" said Ronald Gold, head of infectious disease division at the Hospital for Sick Children in Toronto. It is always a hard decision to make, but I agree with the decision to vaccinate, Dr. Gold said. Quebec plans to inoculate about 150,000 people, while 170,000 teenagers and children in Ottawa will be vaccinated. PEI officials are planning a vaccination program aimed at 50,000 residents between the ages of 2 and 29.

The Spectator January 14, 1992

Health officials across the country say the recent outbreaks of meningitis in British Columbia and Ontario are no more serious than in previous years, said Bob Evans, a member of B.C.'s Royal Commission on Health Care and Costs. He said senior public health officials at a recent conference in Banff, Alta., told him the wide-scale immunizations, which have cost taxpayers millions of dollars, will have practically zero effect on the public's medical well-being. Dr. Ted McLean, communicable disease consultant for the Vancouver public health department said the vaccine, which is very expensive, diverts essential resources from other health programs without providing a guarantee that people won't get infected.

The Spectator February 3, 1992



MEET THE PEOPLE

**VICKI SMYE, RN, BA, MHSc.
Supervisor,
Sexual Health Programme**

Please describe your position as Supervisor of Sexual Health within the Nursing Division.

My job has been to pull the AIDS/STD and Family Planning components of the nursing division together under the "umbrella" of Sexual Health. I am also to facilitate the development of programme initiatives, such as health promotion strategies, community development activities related to Sexual Health, and to further develop the prevention component of the programme.

The Sexual Health programme uses a population-based health approach and targets the community at large in order to encourage and empower the community to be supportive of programmes targeted at the high-risk populations within the community, e.g. IV drug users, street youth, prostitutes, heterosexuals (with multiple partners), gay men and others who are engaging in behaviours putting them at risk for STDs (including AIDS) and unwanted pregnancy.

I am also responsible for programme evaluation and quality assurance. Evaluation and research activities need to be an integral part of the Sexual Health programme.

What was your background experience prior to coming to the Department of Public Health Services? What brought you to public health?

My background is in health sciences, and behavioural medicine as a clinical specialist treating eating disorders and other behavioural management issues such as pain management.

I came to the Department of Public Health Services in Hamilton-Wentworth because of my

developing interest in community health which stemmed from third world country experiences. Public health nursing fits with my philosophy of nursing. For example, one can have impact on the community at large via facilitating the development of healthy public policy.

Because of this growing interest in public health, I was extremely interested in the Sexual Health position. I believe that AIDS is a serious public health concern. HIV infection/AIDS presents a huge public health challenge with respect to developing creative prevention and health promotion strategies.

Please tell us about your research and scholarly interests.

I am interested in seroprevalence studies re HIV and Hepatitis B in IV drug-users, prostitutes, street people, and women.

My current interest is in completing a needs assessment related to needle exchange. This assessment will look at needs as identified by the population, such as the need for bleach kits, clean needles, the availability and accessibility of health care, housing and rehab services. Abscesses and endocarditis are some of the problems for the IVU population. We want these individuals to help develop the service model. Traditional qualitative and community development methods need to be modified in order to be able to collect data efficiently.

With respect to family planning, I am interested in collaborating with Planned Parenthood on topics related to male sexuality and abortion. The abortion issue is an example of how healthy public policy can be used to ensure health of women as well as considering "the consent to treatment issues" and ensuring equal access to service for adolescents. Also, Leslie Van Dover is currently conducting a study which examines followup and compliance patterns in birth control clinic settings. "We need to understand the characteristics and scope of the problem."

We have been working with Dr. Edrone Rwakaikara, who is a physician from Uganda specializing in community health. While studying at McMaster, she has been assisting us in the evaluation of the "bar" campaigns (where we give out condoms to bar patrons). The first step has been to examine sexual practices of bar patrons.

What are some of the most pressing challenges seen in Sexual Health Promotion today?

In my view, the community development model is most exciting. The target populations have the best understanding of what their needs are. The challenge is how to encourage participation and collect helpful data. Flexibility and listening are critical skills in order to work in this area.

Sexuality is an integral part of who we are. This is a private part of us and it is difficult to get to the real issues. People put up barriers. Collecting information is not easy. It is hard to talk through issues in group settings. To achieve an increased comfort zone is difficult so that articulation of values and attitudes is very difficult.

Attitudes and values in various parts of the community can present barriers in programming due to the sensitivity in looking at programmes that challenge those values and attitudes, i.e. giving out condoms raises many questions regarding sexual practice. Often policy gets generated on the basis of a few strong views/complaints.

What priorities will the Sexual Health Programme be addressing in 1992?

Anonymous testing is important for 1992. Public protection issues will also be in the limelight. Both the individual and the public good need to be protected and we sometimes get caught in the middle between those two things. Maintaining confidentiality and advocating for same with our clients is paramount.

Education remains a central priority in relation to population-based approaches. The entire community needs to be educated in order to build a community of support and understanding for those who are HIV infected. We will be using a "train the trainer approach", training others within the division and in the community at large, i.e. in the workplace in order to increase broad based support.

Development of the Street Outreach Programme related to the IV drug users population is another priority.

EVENING WEAR



FOCUS I

UPDATE ON THE CANADIAN STUDY OF HEALTH AND AGING

Larry W. Chambers
Principal Investigator
McMaster Centre

Although many of Canada's elderly are reasonably healthy and independent, increasing age may lead to some health and memory problems. The Canadian Study of Health and Aging is investigating these topics in order to help governments plan services and health care. To do this, the study objectives include finding out:

- how many older people are healthy and how many have physical disabilities or memory problems
- what factors are associated with these problems
- the effect that these problems have on family members and what services older people and their relatives need to support them.

The Canadian Study of Health and Aging forms part of the Senior's Independence Research Program and is funded through the National Health and Research and Development Program. It involves 18 universities and research institutes across Canada and includes seniors living in the community and in institutional accommodation. More than 10,000 Canadians aged 65 and over were invited to participate.

Participants were visited at home. Some people were asked to have a medical examination following their visit. For some of those attending the medical examination, a relative was asked to complete a questionnaire covering medical and family history. As well, caregivers were

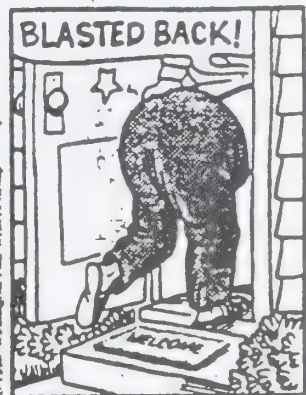
interviewed to assess any problems they have in providing care and to review the use and availability of support services. Like the other 17 centres in Canada, the McMaster centre study team recently completed the first data collection stage of the study. At McMaster this has involved interviewing 450 seniors in the community. Medical examinations were conducted on some of these participants as well as 63 residents of long term care facilities. Caregivers were also interviewed. Very high response rates were accomplished for all aspects of the McMaster Centre Study. Special thanks to the study team: Dr. Heather Munroe-Blum, Sylvia Farrell, Mary Helen Blackall, Dr. Anne Braun, Dr. Christopher Patterson (former McLaughlin Centre Research Fellow), Dr. Ramona Carbotte, Dr. Susan Denburg, Dr. Tom Muckle, Paul Stolee (former McLaughlin Centre Research Fellow), Sheree Kwong See (present Scholar), Suzanne Richardson (second nurse). Interviewers: Lois Alldis, Joyce Brown, Bev Rodway, Joan Wiebe, Joy Pyrcce, Starr Berze. Terry Montgomery and Barbara Nethercot (secretaries). We also thank the staff in the long term care facilities (Brantford General Hospital, Long Stay Unit; The Terrace at the Henderson General Hospital and Townsview Life Care Centre). In addition, special thanks is offered to the study participants without whose support the study would not have been possible.

This is an ongoing nationwide study, the first such study in the world, and involves almost every medical school in Canada. The information provided by this study will benefit older Canadians by:

- developing a greater awareness of the problems of seniors
- assisting government agencies in planning future programs and services, and,
- assisting in the development of preventive programs

The usefulness of this study is not limited to Canada. A committee of US experts concluded that "the initiative being proposed.... is not only justifiable but admirable, and that the work will provide benefit not only to Canada but to the world at large". The study also forms part of a World Health Organization survey being conducted in several countries throughout the world. As an example of the international interest in the Canadian Study, I have been invited to report on the study at the University of Cambridge, Department of Community Medicine, Cambridge, England in February 1992.

Results of the first phase of the Canadian study, which started in winter 1990-91, should be available in late 1992, early 1993.



FOCUS II

COMMUNITY DIETETIC INTERNSHIP PROGRAM

Helen Hale Tomasik

Director, Division of Nutrition Services

On September 26, 1991, Lise Smedmor graduated from our pilot community dietetic internship program as the first public health dietetic intern in Canada. Ilona Horgen, Director of Membership and Standards for the Canadian Dietetic Association gave the graduation address. The following is an excerpt from her presentation...

Congratulations Lise. You've made it. You are entering the profession at one of the most exciting and challenging stages of development. It is said that a professional can be identified by a number of characteristics: It possesses a body of knowledge which ordinarily is not accessible to those outside the group; it is wholly or chiefly self-regulatory, setting its own standards of performance, its own code of ethics and its own disciplinary system; and it is authorized to provide services to the public based on the understanding and "trust" that these services will be to the benefit of the client and will cause no harm. Therefore, to accept the special status accorded one's profession is to accept the responsibility of honouring the public trust above all else. You will find it is this sense of responsibility, rather than the regulatory requirements and standards laid down by your provincial dietetic association which compels you to keep on learning, to critically think and to question, and to constantly search for answers or best solutions.

What is it that makes dietetics a profession? The common focus of dietitians regardless of their employment or area of concentration, is the science of nutrition, people, food, caring and health. None of these areas are the exclusive expert domain of the dietitian, nor are the job-related skills which have to do with our areas of speciality, such as community, clinical assessment, food service systems, management, research, education, computer technology, media or communications. Rather the dietetic profession is identified by its ability to integrate and interpret the overall body of knowledge in these areas so that it can be applied in very practical terms to the feeding of people....

I would like to thank the management and the personnel at the health unit who supported the dietetic internship program and Helen Hale Tomasik who had the vision, courage and tenacity to submit a program application to the CDA Internship Committee. Of the 176 dietetic internship positions offered annually across Canada, only four positions have a primary focus on community or health promotion experiences. The remainder are all hospital or institution-based. Your program provided an additional opportunity for a community internship. I share your pride since this is the first internship program to be sponsored by a public health unit in Canada. Recognizing emerging health trends, health promotion principles, community-based programs, and the need for qualified and appropriately trained dietitians, perhaps the health unit will consider extending the program to a permanent, accredited, community dietetic internship.

Lise Smedmore is currently employed as a community dietitian with the Healthiest Babies Possible Program with the City of Toronto.

FOCUS III

1991 REPORT OF RESEARCH ACTIVITIES

Cathy Buffett
Chair, Research Committee
Carolynne Turner
Secretary, Research Committee

In 1991 the Research Committee continued to provide both coordination and consultation for several activities with the Department of Public Health.

The Research Committee met for a total of nine times during 1991. The committee representation was multidisciplinary and the minutes were circulated to all members of the DPHS management team. Cathy Buffett has remained the chair of the committee since May, 1990. The committee has provided written and verbal consultation to investigators, graduate students and department staff. The consultation included feedback and advice regarding design, methodological issues and different evaluation approaches to research questions. The committee also ensured that ethical and methods reviews were completed for each research project the DPHS was involved with.

The Research Committee participated in developing the Strategic Plan (Attachment 1) for the DPHS in June, 1991. The following strategic direction was established:

The Hamilton-Wentworth Department of Public Health Services (DPHS) will foster an inquiring environment which results in the planning, utilization, and implementation of community health research (for example, the study of community health needs, the evaluation of the DPHS programs, and, testing of innovative approaches to service delivery).

Sixteen funded research projects were completed or are currently in process in 1991. An additional **ten** projects were internally funded and **five** other proposals were submitted for funding. The 1991 project titles are in **bold print** in Table 2. Although the number of research projects is lower than for 1990 (32), 1991 has been the year of dissemination of previous research results.

177 presentations were made in 1991 (118 for June, 1989 - Dec. 1990) at conferences, workshops seminars and poster sessions and 32 articles were published during this same twelve month period (compared to 34 during the previous 18 months). One article has been accepted for publication and several more articles have been submitted for publication. The articles published or submitted for publication are listed in Table 3. The titles of the workshops and the names of staff are published quarterly in RAPPORT. Four editions of RAPPORT, the DPHS research newsletter, were mailed to 725 individuals across the province. Investigators also were asked to present their respective projects at the monthly Community Work-In-Progress Rounds (Table 4). Rounds were held on the first working Monday of each month from 8:30 until 9:30 and were followed by the Research Committee meeting. Following an established schedule of meetings and rounds helped DPHS staff to remember and attend these research opportunities. The mean attendance at Rounds rose from 10 in 1990 to 15 in 1991.

Health Sciences students actively participated in research activities within the DPHS. Community medical residents, nursing students and graduate students worked on qualitative and quantitative research projects. Table 5 shows that 27 students participated in 14 projects.

The Research Committee experienced some turnover in membership in 1990. The following members left the committee:

Heather Goulden
Grant Corbett
Donna Ciliska (maternity leave)
Lynn Garrison

Their expertise and contribution was much appreciated. The following staff (re)joined the committee:

Judy Sheeshka
Keith Chan (Community Medical Resident)
Helen Thomas
Paul Hurst

The Research Committee will be meeting early in 1992 to review the five-year strategic plan and pursuing creative approaches to the following objectives:

- Develop new community health indicators for use in needs assessment, monitoring and program evaluation.
- Develop research on healthy public policy which recognizes the importance of community values; organization of services; the quality of evidence that the policy/program benefits health; and, the political system.
- Increase the use of qualitative research methods in needs assessment, monitoring and program evaluation.
- Create a supportive environment for research in the community, in the governing body and in the DPHS.

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After all is said and done, a lot more is SAID than DONE.

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RESEARCH AROUND & ABOUT

FUNDING RECEIVED

- | | |
|---|--|
| <p>I Title: A Strategy for the Implementation of the Community Health Status Information Standard: Reproductive Health Program Pilot Project</p> <p>Investigators: Sellar, L., Chambers, L.W., Fedak, J., Maracle-Ringuette, R.A., Wood, M., Siracusa, L., Wilson, M., Verhoeve, K., Litwak, N., Isaacs, S., Reynolds, D.</p> <p>Amount: \$52,880</p> <p>Term: January - June, 1991</p> | <p>IV Title: YWCA Needs Assessment</p> <p>Investigators: Barr, D., Schofield, R.</p> <p>Amount: \$2,530</p> <p>Term: November 1991 - November 1992</p> <p>Source: Ontario Ministry of Health Health Promotion Grants Program (Seed Grant)</p> |
| <p>II Title: Teen Mom Nutrition Project</p> <p>Investigators: O'Connor, D., Gadowsky, S., Wolfe, S., Buffett, C., Tomasik, H. Hale</p> <p>Amount: \$60,000</p> <p>Term: July 1990 - December 1991</p> <p>Source: University of Guelph</p> | <p>V Title: Ontario Heart Health Survey</p> <p>Investigator: Dorothy Barr (Local Coordinator)</p> <p>Amount: \$50 per completed survey questionnaire (\$10,000 for 200 questionnaires)</p> <p>Term: Field Operatives January - March 1992</p> <p>Source: The Ontario Ministry of Health and the Department of National Health and Welfare</p> <p>Note: Hamilton-Wentworth is one of 11 Health Units participating in the survey. Two RNs will be hired though Upjohn to implement the surveys.</p> |
| <p>III Title: Cardiovascular Health Promotion Community Group</p> <p>Investigators: Barr, D.</p> <p>Amount: \$9,800</p> <p>Term: May 1992 - August 1992</p> <p>Source: Ontario Ministry of Health Health Promotion Grants Program (Seed Grant)</p> | <p>VI Title: To investigate detection of asymptomatic chlamydial urethritis in men by testing urine</p> <p>Investigators: Sellers, J.W. (Principal Investigator) Chernesky, M.A., Mahony, J.B.</p> <p>Amount: \$115,000</p> <p>Term: 1990 - 1992</p> <p>Source: Ontario Ministry of Health</p> |

INTERNALLY FUNDED

- I Title: The perception/experience of newcomers in learning English as a second language (Graduate Studies)

Investigator: **Pond, M.**

Term: September 1991 - December 1991

- II Title: Perceptions of Public Health Nurses and Principals of Adolescents, Self-Care Deficits (Graduate Studies)

Investigator: **Maureen Harmer**

Term: January 1991 - Spring 1992

- III Title: An Assessment of Adolescent Health Needs Using a Participatory Methodology

Investigators: **Thomas, H.**
Buchanan, M.
Research Assistant
Clarke, D., Verbickas, M., PHNs

Term: December 1989 - November 1991

Notes: Final Report submitted November 14, 1991. Leanne Siracusa, Helen Thomas and Julie Scheerer are on the Advisory committee (consisting of school staff, students and community representatives) which is reviewing the findings of the needs assessment.

- IV Title: Evaluation of Selected Parent-Child Services of the Nursing Division of the DPHS

Investigators: **Thomas, H., Buffett, C.**

Term: September, 1991 - March 1992

- V Title: Nutritional Value and Quality of Foods Served in Second Level Lodging Homes

Investigators: **Hedley, M.M., Tomasik, H. Hale, Woolcott, D.**

Term: December 1990 - February 1992

- VI Title: Ontario Health Survey - Nutrition Component

Investigators: **Woolcott, D., Tomasik, H. Hale**

SUBMITTED FOR FUNDING

- I Title: A Randomized Controlled trial of the Effectiveness and Efficiency of Health Education versus Empowerment Education to Health Promotion with Chronic Psychiatrically Disabled

Investigators: **Byrne, C., Brown, B., Voorberg, N., Schofield, R.**
Browne, G., Gafni A., Schuster, M.

Amount: \$145,169

Term: 2 Years

Source: Ontario Mental Health Foundation
Ontario Ministry of Health

- II Title: A New Agenda: Empowering Public Health Nurses to Practice Population-based Health Promotion

Investigators: **Underwood, J., Chambers, L., Halbert, T., Ploeg, J. Isaacs, S.**

Amount: \$8,700

Source: The Quality of Nursing Worklife Research Unit, School of Nursing
Faculty of Health Sciences
McMaster University

III Title: The Work Perceptions and Learning Needs of Practising Public Health Nurses

Investigators: Underwood, J., Chambers, L., Isaacs, S., Halbert, T.

Amount: \$8,527.60

Source: The Quality of Nursing Worklife Research Unit, School of Nursing Faculty of Health Sciences McMaster University

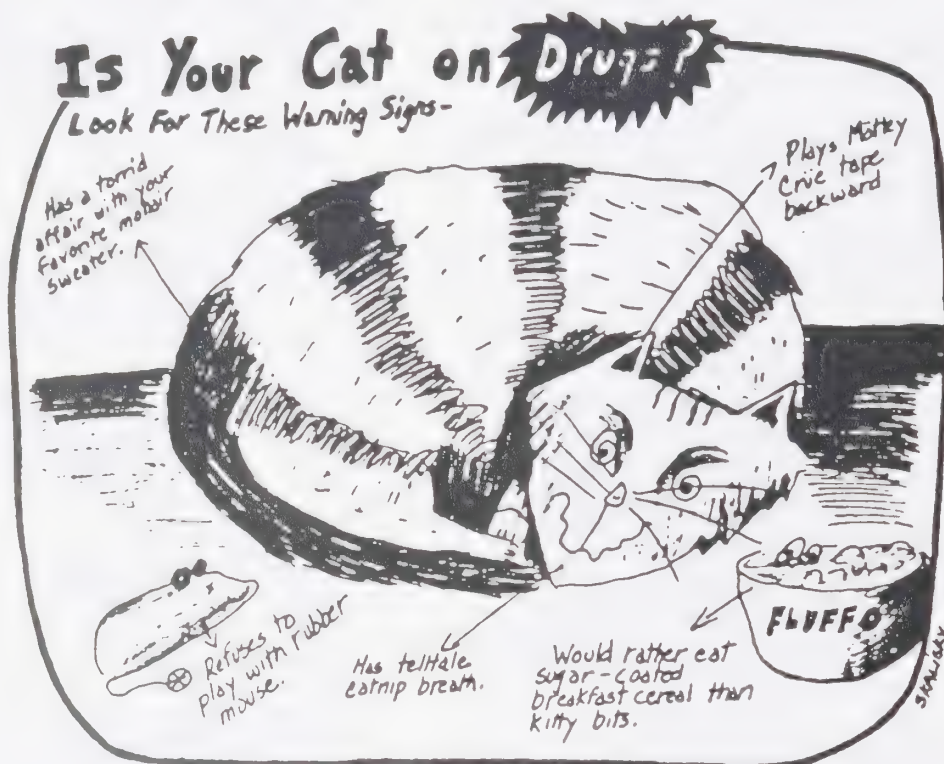
IV Title: Community-Based Assessment of Parent-Child Health Promotion Needs of the Spanish-Speaking Immigrant Population in Hamilton-Wentworth

Investigators: C. Buffett, N. Fowler, Members of North Hamilton Community Health Centre Staff, Underwood, J., Wilms, D., Vaicunas, M. and Parent-Child Program Managers

Term: January - July 1992

Amount: \$10,000

Source: Ontario Ministry of Health Health Promotion Grants Program (Seed Grant)



McMaster Nursing Research Teams Projects

Once again, McMaster nursing students have been working on a variety of research projects with research teams in our Teaching Health Unit. The number of students and the topics explored are shown below:

Project	Investigators/ Contact	Number of Nursing Students
Needs Assessment at Elderly Persons Centres	Margaret Black Jenny Ploeg	2
Effectiveness of Two Models of Caregiver Support Education Programs of the Elderly	Margaret Black Jenny Ploeg	2
Assessment of Effectiveness of New Public Health Interventions for Low Risk Primiparous Families	Cathy Buffett Helen Thomas	3
Chronically Mentally Ill in the Community - Establishing Residence Councils	Carolyn Byrne	2
Communication in Health Care	Grant Corbett	1
Preschool and Grade 3 Vision Screening	Tracy Halbert	2
Public Health Nurse Job Satisfaction	Sandy Isaacs Vicki Woodcox	2
Evaluating the Effectiveness of Using Standardized Instruments to assess Child/Family Development	Helen Thomas	2
Assessment to BScN and OT/PT Student's perceived Educational Needs Around Community Health	Helen Thomas	2
Development of Neighbourhood Plan for Central/Beasley Neighbourhood	Helen Thomas	2
Community Based Research Determining Mental Health Needs in the Region of Hamilton-Wentworth. Assessing Strengths/Weaknesses/Gaps in Meeting People's Mental Health Needs	Helen Thomas	3
The Local Native Labour Force - Needs Assessment of the Local Native Community	Helen Thomas	1
Developing Models for Anonymous HIV Testing in the Hamilton-Wentworth Region	Helen Thomas	2
A Profile of Birth Control Clinic Clients in Hamilton-Wentworth: Phase II	Leslie Van Dover	2

PRESENTATIONS

October

Tomasik, H. Hale Staff Expansions - Skills and Strategies for Success. Ontario Dietetic Association Annual Conference, Toronto, October, 1991.

Chambers, L.W. What is the Role of the Private Sector in the Operation of Nursing Homes in Canada? Green College Seminar Series, University of Oxford, Oxford, England, October, 1991.

Sellors, J. (1991). Update on HPV and Chlamydial Infections for Urologists. Urology Rounds, McMaster University, Hamilton, October 2, 1991.

Pezzetta, E. Sexuality in Adolescence. Pediatric Nursing Conference, McMaster University, Hamilton, October 4, 1991.

Oxman, A., Scott, F., Sellors, J., Clarke, J., Millson, M.E., Frank, J., Naus, M., Rasooly, I., Coates R. Overview of Partner Notification Strategies. The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.

Sellors, J., Pickard, L., Gafni, A., Mahony, J., Chernesky, M. (1991). Effectiveness and Efficiency of Selective vs Universal Screening in Women Attending Family Planning Clinics. (Abstract-Oral Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., October 6-9, 1991.

Sellors, J., Chernesky, M., Jang, D., Pickard, L., Luinstra, K., Mahony, J. (1991). Urine Screening in Primary Care to Detect Asymptomatic Chlamydial Urethritis in Men. (Abstract-Oral Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.

Underwood, J., Halbert, T., and Ploeg, J. A New Agenda: Empowering Public Health Nurses to Practice Population-Based Health Promotion. Nursing Academic Seminars, MUMC, Hamilton, October 7, 1991.

O'Mara, L. Child Care Center Survey, Work-In-Progress Rounds, Hamilton, October 7, 1991.

Verbickas, M., and Tschofen, E. New Wave Program. A Group for Adolescents Coping with Separation and Divorce. Peer Power Conference (Triboard of Education), London, October 16, 1991.

Hurst, P. Facilitating Successful Reintegration of the Behavioral Exceptionality Student. Professional Development Day. Presentation to the staff of Gordon Price Elementary School, Hamilton, October 17, 1991.

Harkness, P., LeMay, N. and Pezzetta, E. Family Violence. Professional Development Day. Ancaster Secondary, School staff, Ancaster, October 18, 1991.

Bakti, J. Myers Briggs Type Indicator, a Personality Inventory. Workshop at the Hotel Strata in Stoney Creek, October 19, 1991.

Black, M., Ploeg, J. The Impact of a Public Health Nurse Intervention on Influenza Vaccine Acceptance by the Elderly. American Nurses Association International Nursing Research Conference, Los Angeles, October 23, 1991.

Corbett, G. Screening, Assessment & Referrals. Alcohol & Health Care Conference, Henderson General Hospital, Hamilton, October 23, 1991.

Hilbert, R. Addiction Self-Help Programs & Special Needs of Women. Alcohol & Health Care Conference, Henderson General Hospital, Hamilton, October 23, 1991.

Candlish, J. All in the Family - A Sibling's Story. Council for Exception Children Convention, Hamilton Convention Centre, Hamilton, October 25, 1991.

Halbert, T. and Underwood, J. Defining Competence for Public Health Nurse Education. ANDSOOHA Workshop on Community Health/Public Health Nursing in Canada: Preparation & Practice, Toronto, October 25, 1991.

Vander Gugten, S. Display and presentation of self-esteem and social skills group conducted at St. Michael's School. Visiting teachers from across Ontario. Council for Exceptional Children Conference. Hamilton Convention Centre, Hamilton, October 25, 1991.

Black, M. The Impact of a Public Health Nurse Visit on Influenza Vaccine Acceptance by the Elderly. McMaster Nursing Academic Seminars, Hamilton, October 28, 1991.

N. Voorberg, N. (Chairperson), Byrne, C., Van Dooren, H., Niemeyer, J., Park-Dorsay, J. Prevention Strategies for Children in Families with Psychiatrically Disabled Parents. Prevention Workshop was presented by Families with Psychiatrically Disabled Parents Steering Committee (above-named), funded via the A.A.T.D. Community Development Fund, and held at Canterbury Hills, Ancaster, October 29, 1991.

Johnson, C. and Wilsack, M. Role of Public Health Nurse. Child Abuse Level I Course, AATD, Hamilton, October 9, 1991.

Metz, H. Separation/Divorce Presented to 50 people at a Public Meeting at Stoney Creek United Church, Stoney Creek, October 30, 1991.

November

Chambers, L.W. A Priority Setting Method for Purchasers of Health Services. Buckinghamshire District Health Authority, Aylesbury, England, November, 1991.

Sellors, J. (1991). Chlamydial Infection: Clinical and Laboratory Aspects. Seminar at the Chinese University of Hong Kong, Dept. of Microbiology, Prince of Wales Hospital, Shatin, NT, November 1, 1991.

Johnson, C. Family Violence. Workshop. Teachers and staff at Memorial School, Hamilton, November 1, 1991.

Greenway, G. Young Offenders. Presentation and discussion at Child Life Studies Diploma Students, Faculty of Health Sciences, McMaster University, Hamilton, November 1, 1991.

Sheppard, K., Van Berkel, C., Mitchell, A. Comparison of Public Health Liaison Nurses and Staff Nurses in Discharge Referrals of Postpartum Patients for PHN Follow-up. Work-In-Progress Rounds, Hamilton, November 4, 1991.

Sheppard, K. Mobilizing Your Community. First Annual Central West PHN School Conference "Building Pathways from Barriers", Brant County Health Unit, Brantford, November 6, 1991.

Van Der Hout, S. and Ziemiak, W. School Contracts - A Method of Negotiation. First Annual Central West PHN School Conference "Building Pathways from Barriers", Brant County Health Unit, Brantford, November 6, 1991.

Gibson, B., Jaiyeola, A. Southeast Asian Fish Eaters' Study. Department of Clinical Epidemiology and Biostatistics Rounds, McMaster University, Hamilton, November 7, 1991.

Scott, F. Development of Community Healthy Practice Guidelines: STD Partner Notification Example. University of Ottawa Community Health Seminar, Ottawa, November 13, 1991.

Johnson C. Family Violence. Home and School Association, Memorial School, Hamilton, November 14, 1991.

Metz, H. Setting Up Groups for Children from Divorced Homes. Panel presentation at Halton Family Enrichment Project, Family Focus Conference, Burlington, November 14, 1991.

Black, M. (Moderator), Greve, M., Meredith, S., Elliott, P. and Ward, M. A Model Wellness Program for the Older Adult. Panel at the Tele-Education Workshop, Mohawk College, Hamilton, November 14, 1991.

Hilbert, R. A Model of Service Delivery to Substance-Abusing Women in Hamilton. Addiction Research Foundation, Hamilton, November 18, 1991.

Underwood, J., Halbert, T., Chambers, L.W., Black, M. and Ploeg, J. A New Agenda: Empowering Public Health Nurses to Practice Population Based Health Promotion. 1991 O.P.H.A. Conference, Ottawa, November 19, 1991.

Walker, R., Cameron, R., Van Dover, L., Jones, T. and Tremblay, K. Community/Research Partnership for Health Promotion: Strategies and Tactics. Ontario Public Health Association Annual Meeting, November 19, 1991.

Bakti, J. Teambuilding and Interpersonal Communications. Workshop for the Dental Division, Windsor-Essex County Health Unit, Windsor, November 19, 1991.

Johnson, C. Sexually Transmitted Diseases in Sexual Abuse. Case study and panel discussion for Continuing Education McMaster, Sheraton Hotel, Hamilton, November 20, 1991.

Verbickas, M., and Tschofen, E. New Wave Program. A Group for Adolescents Coping with Separation and Divorce. Halton Public Health Nurses, Teachers and members of student support services, Oakville, November 20, 1991.

Powell, P. Community Health Legislation. Fall Workshop on Working Together for Teaching Health Units and Teaching Health Units that Teach. Part of the Interdisciplinary Education Section, Skyline Hotel, Ottawa, November 20, 1991.

Goldblatt, E. Community Health Library Resources. Fall Workshop on Working Together for Teaching Health Units and Teaching Health Units that Teach. Part of the Sharing Resources Section, Skyline Hotel, Ottawa, November 20, 1991.

Sellors, J. (1991). HPV - the Male Parts. Sexually Transmitted Diseases Day. McMaster University Faculty of Health Sciences, Hamilton, November 20, 1991.

Sellors, J. (1991). Introduction to Symposium - Varicella-Zoster and Herpes Genitalis: New Perspectives on Old Enemies. 29th Annual Scientific and Business Meeting of the College of Family Physicians of Canada, Ontario Chapter, Toronto, November 21-23, 1991.

Scott, F. Environment and Health. McMaster University Graduate Geography in Health, Environment and Disease Conference 91, Hamilton, November 23, 1991.

Van Der Hout, S. and Dokas, F. (Nutritionist) Childhood Nutrition. Dr. J. Edgar Davey School, Hamilton, November 26, 1991.

Hilbert, R. Child Welfare & the Addictive Family. School of Social Work, McMaster University, Hamilton, Ontario, November 27, 1991.

Scott, F. Role of Public Health for Family Physicians. Family Medicine Academic Half Day, Hamilton, November 27, 1991.

Sellors, J., Rath, D. (1991). Sexuality and Pregnancy in Adolescence. Stoney Creek United Church, Stoney Creek, November 27, 1991.

December

Chambers, L.W. The 1989 Hamilton-Wentworth Health-Survey. Workshop on Quality of Life Surveys in Local Communities, Centre for Disease Control, Atlanta, GA, December, 1991.

Pickard, L., **Sellors, J.,** Gafni, A., Goldsmith, C., Mahony, J., Chernesky, M. (1991). A comparison of selective vs universal screening in women attending family planning clinics. (Abstract-oral presentation). 59th meeting of Canadian Association of Clinical Microbiology and Infectious Diseases, Quebec City, December 1-5, 1991.

Mahony, J.B., Luinstra, K.E., Jang, D., **Sellors, J.,** Chernesky, M. (1991). Detection of C. trachomatis in first void urine (FVU) sediments for symptomatic and asymptomatic men by polymerase chain reaction (PCR). (Abstract-oral presentation). 59th meeting of Canadian Association of Clinical Microbiology and Infectious Diseases, Quebec City, December 1-5, 1991.

Chernesky, M., Jang, D., **Sellors, Mahony, J.,** Castriciano, S. (1991). Confirmatory testing for detection of chlamydial antigens in clinical specimens differs according to gender and site. (Abstract-oral presentation). 59th meeting of Canadian Association of Clinical Microbiology and Infectious Diseases, Quebec City, December 1-5, 1991.

Jang, D., Mahony, J.B., **Sellors, J.,** Chernesky, M. (1991). Detection of chlamydial antigens in

urine after various treatments. (Abstract-oral presentation). 59th meeting of Canadian Association of Clinical Microbiology and Infectious Diseases, Quebec City, December 1-5, 1991.

Ploeg, J. The Impact of a Public Health Nurse Visit on Influenza Vaccine Acceptance and Safety by the Elderly: A Randomized Controlled Trial. Work-In-Progress Rounds, December 2, 1991.

Byrne, C., Voorberg, N., Brown, B. Health Promotion with Individuals with Chronic Psychiatric Disability. Research Rounds, Hamilton Psychiatric Hospital, Hamilton, December 4, 1991.

Sellors, J. (1991). Genital Wart Virus Infection. Sexually Transmitted Diseases Update. Oxford County Board of Health, Woodstock, December 4, 1991.

POSTER PRESENTATION

October

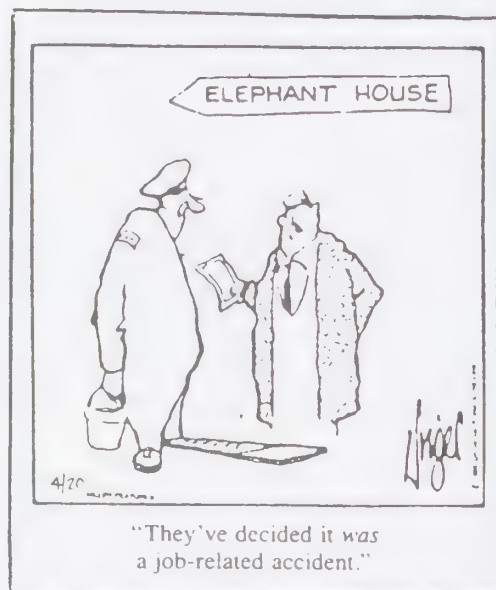
Sellors, J., Jang, D., Mahony, J., Tirrell, S. (1991). Ability of Enzyme Immunoassays (EIA's) to Detect C. Trachomatis Antigens in Urine from Men Attending a Sexually Transmitted Disease Clinic. (Abstract-Poster Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.

Mahony, J.B., Luinstra, K.E., Jang, D., **Sellors, J.,** Chernesky, M. (1991). Detection of C. Trachomatis in First Void Urine (FVU) Sediments from Symptomatic and Asymptomatic Men by Polymerase Chain Reaction (PCR). (Abstract-Poster Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.

Jang, D., Mahony, J.B., Sellors, J., Chernesky, M. (1991). Effects of Various Treatments of First Void Urine on the Detection of Chlamydia Antigens by Enzyme Immunoassay. (Abstract-Poster Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.

Rasooly, I., Millson, M., Scott, F., Frank, J., Naus, M., Oxman, A., Sellors, J., Coates, R., Harvey, B. (1991). A Survey of Contact Tracing Policies and Resources in Canada. (Abstract-Poster Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.

Oxman, A., Scott, F., Sellors, J., Clarke, J., Millson, M.E., Frank, J., Naus, M., Rasooly, I., Coates R. (1991). The Effectiveness of Partner Notification Strategies: A Systematic Overview. (Abstract-Poster Presentation). The 9th International Meeting of the International Society of STD Research, Banff, Alta., Oct. 6-9, 1991.



PUBLICATIONS

SUBMITTED

Van Dover, L., Goldsmith, C., Taylor, M. and Lock, M. Validation of a survey instrument to measure the extent to which physician and dental office environments discourage smoking. Canadian Journal of Public Health. Accepted for Publication September 1991. In Press.

Jang, D., Sellors, J.W., Mahony, J.B., Pickard, L., Chernesky, M.A. (1991). (Submitted December 1991). Effects of broadening the gold standard on the performance of a chemiluminometric immunoassay (Magic Lite) to detect Chlamydia trachomatis antigens in centrifuged first void urine and urethral swabs from men. Sexually Transmitted Diseases.

Sellors, J.W., Pickard, L., Gafni, A., Goldsmith, C.H., Jang, D., Mahoney, J.B. Chernesky, M.A. (1991). (Submitted December 1991). Effectiveness and efficiency of selective vs universal screening for chlamydial infection in sexually active young women. Archives of Internal Medicine.

Kennedy, A., Smedmore, L. (Accepted for Publication in 1991). Enhancing food security: a support program for emergency food centres. Journal of the Canadian Dietetic Association.

Gatchell, S., Woolcott, D.M. (1991). A demographic profile of Canadian Public Health Nutritionists. Journal of the Canadian Dietetic Association. In Press.

PUBLISHED

Thomas, B.H., Mitchell, A., Devlin, M.C. (1990). Adolescent Pregnancy: Issues in prevention. American Journal of Preventive Psychiatry. 4(2/3), 101-124.

Watters, D. A., Thomas, B.H., Streiner, D.L. (1990). Factor Analysis of the Nowicki-Strickland locus of control scale: Why is replication so difficult. Educational and Psychological Measurement. 50, 515-523.

Chambers, L.W., Tugwell, P., Goldsmith, C.H., Caulfield, P., Haight, M., Pickard, L. and Gibbon, M. (1990). The Impact of Home Care on Recently Discharged Elderly Hospital Patients in an Ontario Community. Canadian Journal on Aging. 9(4), 327-347.

Sellors, J.W., Nieminen, P., Vesterinen, E., Paavonen, J. (1990). Observer Variability in the Scoring of Colpophotographs. Obstetrics and Gynecology. 76, 1006-1008.

Powell, P. (1991). Responding to Public Concern The Millgrove Drinking Water Study. Environmental Health Review. Summer, 48-49.

Kirkpatrick, H., Byrne, C., Martin, M.-L. and Roth, M.L. (1991). A collaborative model for the clinical education of baccalaureate nursing students. Journal of Advanced Nursing. 16(1), 101-107.

Forchuk, C. and Voorberg, N. (1991). Evaluation of a Community Mental Health Program. Canadian Journal of Nursing Administration. 4(2), 16-20.

Chambers, L.W., Haynes, R.B., Pickering, R., McKibbin, A., Walker-Dilks, C.J., Panton, L. Goldblatt, E. (1991). New Approaches to Addressing Information Needs in Local Public Health Agencies. Canadian Journal of Public Health. 82(2), 109-114.

Sellors, J., Mahony, J., Goldsmith, C., Rath, D., Mander, R., Hunter, B., Taylor, C., Groves, D., Richardson, H., Chernesky, M. (1991). The Accuracy of Clinical Findings and Laparoscopy for Pelvic Inflammatory disease. American Journal Obstetrics and Gynecology. 164, 113-120.

Sellors, J.W., Mahony, J.B., Jang, D., Pickard, L., Castriciano, S., Landis, S., Stewart, I., Seidelman, W., Cunningham, I., Chernesky, M. (1991). Rapid, on-site diagnosis of chlamydial urethritis in men by antigen detection in urethral swabs and urine. Journal of Clinical Microbiology. 29, 407-409.

Sellors, J.W., Mahony, J.B., Jang, D., Pickard, L., Goldsmith, C.H., Gafni, A., Chernesky, M.A. (1991). Comparison of cervical urethral and urine specimens for the detection of Chlamydia tracomatis in women. Journal of Infectious Diseases. 164, 205-208.

Chambers, L.W. (1991). Core Content of Health Surveys: Part I Determinants of Health. In Stephens, T., McCullough, R.S. Measuring the Health of Canadians Using Population Surveys. Proceedings of a Workshop (Held September 1990), and "An Agenda for Development". The National Health Information Council.

Black, M., Ploeg, J., VanBerkel, C., Woodcox, C., Underwood, J. Evaluation of the Reorganization of a Public Health Nursing Division. Canadian Journal of Public Health. 82(5), 310-315.

Thomas, B.H., Byrne, C., Offord, D.R. & Boyle, M. (1991). Prevalence of behavioral symptoms and the relationship of child, parent and family variables in 4 and 5 year olds: Results from the Ontario Child Health Study. Journal of Behavioral and Developmental Pediatrics. 12(3), 177-184.

Devlin, M.C, Mitchell, A., Thomas, B.H. (1991). Introducing community research. The Canadian Journal of OB/GYN. April, 156-160.

Silzer, J. Scharf, Tomasik, H. Hale, Cilliska, D., Woolcott, D. (1991). Abstract: An evaluation of a community-based nutrition education program; the effectiveness of Supermarket Safari nutrition education tours. Journal of the Canadian Dietetic Association. 52(3), 178.

Woolcott, D.M. (1991). Dietary Guidelines: Expectations and Realities. A Canadian Perspective. Proceedings of International Symposium on Dietary Guidelines. Vancouver, May 1990. Published by the National Institute of Nutrition and The World Sugar Research Organization, and the University of British Columbia. p. 25-29.

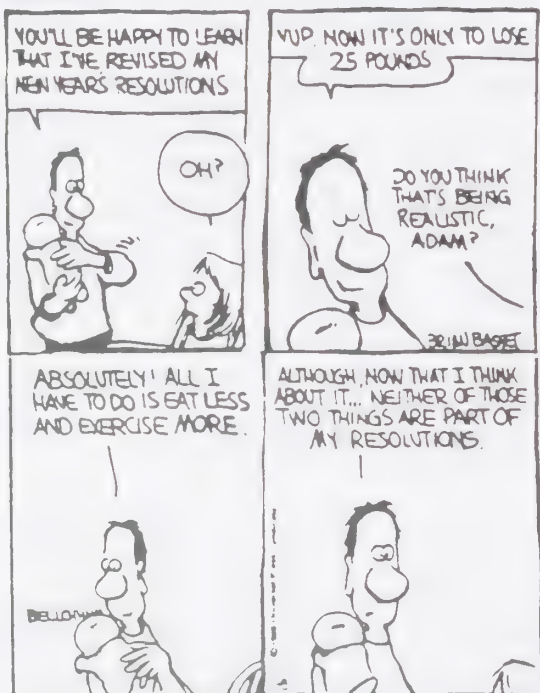
Woolcott, D.M. (1991). Nutrition Issues. Home Care Today. 3:2.

Matheson, D.M., Woolcott, D.M., Martin Matthews, A., Roth, V. (1991). Evaluation of a theoretical model predicting self-efficacy towards nutrition behaviour in the elderly. Journal of Nutrition Education 23, 3-9.

Chandra, R.K., Imbach, A., Moore, C., Skelton, D., Woolcott, D.M. (1991). Nutrition and the Elderly. Journal of the Canadian Medical Association. 145(11), 1475-1487.

Sheeshka, J., Woolcott, D.M. (1991). (Submitted for publication). Evaluation of a worksite nutrition promotion program.

Adam



CALENDAR OF EVENTS

Alberta Healthcare Association
2nd Biannual Forum
Calgary, Alberta
February 5-7, 1992
Quality of Nursing Life :
Taking Charge of Change

International Institute of Crisis Intervention
and Community Psychiatry
2nd International Conference
Hyderabad, India
February 11-14, 1992
Recent Advances in Crisis Intervention
and Community Mental Health

Child Health 2000
World Congress and Exposition on Child Health
Vancouver, B.C.
February 19-22, 1992

American College of Preventive Medicine and
Association of Teachers of Preventive Medicine
9th Annual National Disease Prevention and
Health
Promotion Meeting
Baltimore, MD
March 21-24, 1992

Educational Centre for Aging and Health
5th Annual Conference
Kingston, Ontario
April 1-2, 1992

Ontario Prevention Clearinghouse
Prevention Congress V
London, Ontario
April 27-30, 1992
Health and Supportive Communities :
The Promise of Change

Canadian Public Health Association
2nd National Conference on Immunization
Toronto, Ontario
May 4-6, 1992
Immunization : issues and priorities

14th Annual Guelph Conference of Sexuality
University of Guelph
June 15-17, 1992
Sexuality : new visions

Canadian Public Health Association
83rd Annual Conference
Yellowknife, Northwest Territories
July 6-9, 1992
The Environment and our Health :
a question of survival

International Environmental Health Conference
Canadian Institute of Public Health Inspectors
and
U.S. National Environmental Health Association
Winnipeg, Man.
July 11-16, 1992
Networking, together we succeed

ITCH '92
Victoria, BC
October 18-21, 1992
Building partnerships in community health
through applied technology

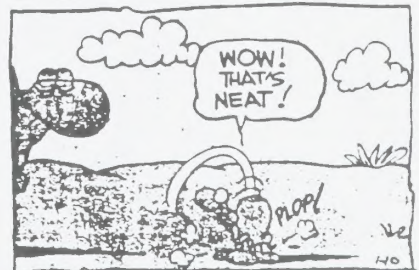
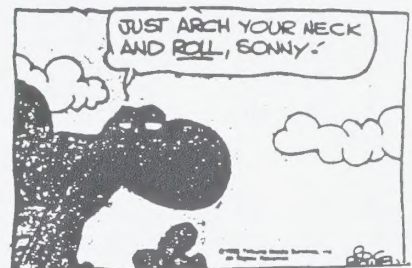
International Conference on Self-Help/Mutual
Aid
Canadian Council on Social Development
Ottawa, Ontario
Sept 2-4, 1992
Sharing - the self-help way

Community Health Nursing Research
1st International Conference
Sponsored by the Edmonton Board of Health
Edmonton Convention Centre
September 27-29, 1993
Call for Abstracts : January 1992

When all else fails,
READ THE
INSTRUCTIONS.

ANIMAL CRACKERS

by Roger Bollen



COMMUNITY HEALTH WORK-IN-PROGRESS ROUNDS

DATE	SPEAKER	TOPIC
March 2, 1992	Vic Neufeld Doug Sider Maggie Fischbuch Dave Stieb	"Community Health Its Future in the Faculty of Health Sciences (The Experience of the Health of the Public Project)"
April 6, 1992	Dr. John Sellors	"Chlamydia Risk Screening of Women Attending Birth Control Clinics"
May 4, 1992	Helen Thomas	"Study to Evaluate the Effectiveness of Standardized Instruments in Collecting Data About Child Development and Family Intervention"
June 1, 1992	Nancy Voorberg	"Effects of a Sexuality Health Promotion Group for Individuals with Psychiatric Disabilities"



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